MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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er death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour

TO HOSPITAL

# Aired with TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the page 3 should be detoched for use as the burial-transit permit. Then please remave carbon popers. Pages 1 and 2 shifthe State Board of Health prior to burial, crematian, or remaval, and in ony event, within 2 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	TE OF DEATH	00755
-	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a STATE b. COUNTY  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	before admission)
-	c. CITY OR TOWN (If autside carporate limits, write RURAL and gi	re nearest tawn)

o. COUNIT	5		MARYLAND	g. SIAIE		b. COUNTY		/
Montgomery				XXXXXXXXXX				
B. CITY OR TOWN (I RURAL and give no	f outside carporote limit carest town)	s, write c.	LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside carpo	erate limits, write R	URAL and give	nearest lawn)
Bethesda (	Rural)		6 hrs.	Arlington			0	34.3
d. NAME OF HOSPIT	AL (If not in hospital, gi	ive street add	(ress)	d. STREET ADDRESS	S			e. IS RESIDENCE ON A FARM?
U. S. Nava	l Hospital			1709 S. Ta	avlor St	reet		YES NO
3. NAME OF	Firs	ıt	Middle	Last	4. DATE	Mon	th	Day Year
(Type or print)	Ba	by Boy	7	ANDREWS	OF DEATH	Janua	rv 24	19 63
S. SEX		-	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 Y	EAR IF UNDER 24 HRS
Male	Caucasian	WIDOWED	DIVORCED [	1-23-61		last birthday) yrs.	Months Do	ys Hours Min.
100. USUAL OCCUPATIO	N (Give kind at work d	lane 10b. KIN	ND OF BUSINESS OR INDU	STRY 11, BIRTHPLACE (SI	tate or foreign c	ountry)	12. CITIZEN	OF WHAT COUNTRY
during most at wark	ing life, even if retired)			Mary	land		USA	1
13. FATHER'S NAME				14. MOTHER'S MAIDE			002	
Kenneth F.	ANDREWS			Ruth Ann	HORRIT PT	TNJ		
15. WAS DECEASED EVE		CES? 16. SO	CIAL SECURITY NO. 17.1	NFORMANT	пошина	Add	ress	
No No	(If yes, give wer or dates of se	rvice)	ione (F	\ Vannath F	Andmas		40 -	haven
				) Kenneth F.	. Andres	s, same		bove
	TH [Enter only one can	use per line t	far (a), (b), and (c).]	111				INTERVAL BETWEEN
PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	ne	matal (	relectos	ual			
1/2	DUE TO			0_				
Conditions, if o	ny, which )	L	romatur	ili				
gave rise to i	mmediate DUE TO	-	700710			-		-
lying couse lost.	the under-			(1				
	(C)	OLTIONIS CON	TRIBUTING TO DEATH BU	T NOT BELATED TO THE TE	DATINIAL DICEAS	E CONDITION ON	JENI INI PART 1/	NI 10 WAS ALITOPSY
P 148 11. 01	ick SIGNIFICAINI COINL	MIONS COL	AIRIBOTHA TO DEATH BU	1 1401 KEDATED TO THE IE	ERMINAL DISCAS	E CONDITION OF	tria na tsuu 1	PERFORMED?
2	T							YES NO
	CAUSE OF DEATH	206. DESCRI	BE HOW INJURY OCCURRE	ED. (Enter noture of injury	n Port I or Por	rt II of item 18.)		
	MEDICAL EXAMINER)							
3 20c. TIME OF INJUR	Y Month, Doy, Yea		La	LACE OF INJURY (Home, statery, street, affice bidg.,		y or town)	(Cau	nty) (State
ZOC. TIME OF INJUR	19	While of work	i and within	relaty, arees, errice brog.,				
	4 (1) (Alice Incoming)	attandad	the deceased fram.	Ten 22	19 <b>61</b> . ta	Ton 2h	10 61	that (1) tese) las
			19_61, and that		- SEAR			
22g. SIGNATURE	ea alle au nart	4.65	17_QL, and that	death accurred at	M, Tram	the causes ar	an the a	ate stated above
ALL, SIGINATURE	(hod w) (	70.0	10	ATTENDING	MED.	STAFF		SIGNED
22c. PHYSICIAN'S	ran L	Arex		M.D. PHYS. 22d. ADDRESS	DIRECTOR L	PHYS.		T-54-0T
NAME (Type)		1.						
	Fred W. GRE	10, I	T, MC, USN	U, S, Na	aval Hos	pital, B	ethesda	, Md.
23g. BURIAL, CREMATIC	N, 236. DATE THEREO		3c. NAME OF CEMETERY	OR CREMATORY	23d. LOCA	TION (City, town,	ar county)	(State)
REMOVAL (Specify)	man+ 1-2h	-60	Oak Cnou	70	Con	017017	An	el-oma o a

25g. REC'D BY REGISTRAR

JAN 2 6 '61

25b. REGISTRAR'S SIGNATURE

William S. Kraus

A. A. Pumphrey Funeral Home, Bethesda, Md. VR ATS (4) 15M 9/59

singles sub-cy a tours (201-104) Technology (Lames) (Lames) Color of the Color 13-18-15 EASTER P. MINERS ence 9 se esta combat it around (1) and A AND AND A STATE OF THE PARTY The control of the co The same of the same and the same of the s

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 76MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased livad, If Institution: Residence before admission) . COUNTY arrector, Page of Health, 6. COUNTY necessary, a. STATE files. Montgomery Montgomery MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) your do b write RURAL and give nearest town Betheada Bethesda I
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Page 5 may be retained for s I and 2 with the State Boar n 72 hours after death. d. STREET ADDRESS . IS RESIDENCE ON A FARM? in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral Office along with form PM3. Page 5 may be retained for 5930 Kirby Road 5930 Kirby Road YES NO X 3. NAME OF Middla DATE Month Day Year DECEASED ARMSTRONG. 19 61 (Type or print) JACK LAWRENCE DEATH JR. January death. 5. SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED B. DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Male White Oct. WIDOWED [ DIVORCED 24 hours after 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired within . Student Washington, D. C. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Audrev Bloom Jack Laurence 9 event Armstrong This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unkown) i (Ifvesgive war or datas of service) ease execute the certificate, writing the word "pending" in pencil in Item. I should be forwarded to the Chief Medical Examiner's Office along with **FUNERAL** DIRECTOR: Page 3 should be used as a burial-frensit permit its designated agent, prior to burial, cremation, or removal, and in any No Jack Lawrence Armstrong - Father - Same #2 None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Asphyxia due to hanging IMMEDIATE CAUSE (a) DUE TO any, which gave rise to immediate causa DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES IN NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING MEDICAL EXAMINER. CAUSE OF DEATH. Hanging from rope WEDICAL Month, Day, Year 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) Hour XX While Not While C at work 27 19 61 Jan. at work Bethesda Montgomery Md.home 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Undetermined manner x death resulted from: Natural causes ccident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S /29/61 CHARLES S. PETTY. NAME (Type) Addrass (Street, city, town, or county) 225. NAME OF CEMETERY OR CREMATORY 228. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, lown, or country) (State) REMOVAL (Specify) 40 5 0 a Burial Arlington 23. FUNERAL DIRECTOR VS. A15ME Bebbesda, Maryland Robert A. Pumphrev Clothun & Kraus 5M 7/59 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1	PLACE OF DEATH	comery		MARYLAN	D 2.	JSUAL RESIDENCE S. STATMaryl	and	e deceased lived. If b. Co		idence befo rford		ion)
	b. CITY OR TOWN (If of RURAL and give near	utside corporate limits		egth of stay in 1 271 Days	b	Bel Ai		ide corporate limits,	X - 2	and give ne	arest lawn	1)
	d. NAME OF HOSPITAL OR INSTITUTION  The Clinical					d. street addres Route #		ox 200				FARM?
3.	NAME OF DECEASED (Type or print)	Darrell		James	1	shley	1	DATE OF Janua	Month	28		700r 19 <b>61</b>
S.	Male 6	7.70 .2.3	MARRIED M	NEVER MARRIED DIVORCED		rch 17, 1	.934	9. AGE (In lost birt 20	years IFUN hday) Mani yrs.	IDER 1 YEAR Ihs Days	Hours	R 24 HRS. Min.
В	during most of working ody & Fender	life, even if retired)		of Business or in hop		North C	aro	lina	12.	U.S.		OUNTRY
13	FATHER'S NAME	~			14	MOTHER'S MAID		_				
1.0		C. Ashley	ren la comias	450,000,400	- INFOR	Mollie W			3-13			
0	WAS DECEASED EVER II	yes, give war or dates of ser Korean	1 4					cal Record ter, Beth		, Mar	ylan	d
	18. CAUSE OF DEATH		se per line for (c		00	1					ERVAL BE	
		I WAS CAUSED BY: MMEDIATE CAUSE (0)_	Jester	cular !	cuo	nocerc	w	ona		11	24	ears
	1787	DUE TO	'								V	
	Canditions, if ony,	nediate (	-						_			
	cause (a), stating the	under- DUE TO										
NOTA-		) (c)_ R SIGNIFICANT COND	ITIONS CONTRI	BUTING TO DEATH	TON TUB	RELATED TO THET	ERMINA	AL DISEASE CONDITI	ON GIVEN IN	PART 1(a)		AUTOPSY PRMED?
CERTIFICATION		UNDERLYING [] ] CAUSE OF DEATH EDICAL EXAMINER)	Ob. DESCRIBE H	OW INJURY OCCU	RRED. (Er	iter nature of injur	y in Po	t I or Port II of item	18.)			
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Month, Day, Year	While _ N	OCCURRED 20e.		OF INJURY (Home, street, office bldg.		20f. (City or town)		(County)	)	(State)
	21. I certify that (I) (this haspital) attended the deceased from May 2, 19.60, to January 28, 19.61, that (I) (we) last saw the deceased alive an January 289 61, and that death accurred at 9.20%, 44m the causes and an the date stated above.											
M.D. PHYS. DIRECTOR DIRECTOR 1/28/6/5								b. DATE SIGNED				
	22c. KHYSICIAN'S NAME (Type)	Martin Nyd	ick M.I	).		IN IN	lati	Clinical onal instance	Ltutes		alth	
2:	BURIAL, CREMATION, REMOVAL (Specify)	Jany 3/	61 E	NAME OF CEMETER	Lemo			SH, LOCATION (City,			(Stat	Ki-
2	FUNERAL DIRECTOR'S	SIGNATURE (S. P.	rondwi	DDRESS	rms				b. REGISTRAR'			
	* Company	retur A	-1 00	Marula	1.	DATE	E JA	V 3 1 '61	arthu	1 8. Th	and	

the attending physician and completely filled in by the funeral director. Then please remove carban papers. Pages 1 and 2 should be filed with may be relocated by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and the State Board of Health priar to burial, are mation, ar removal, and in any event, within 72 haurs after death.

**ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hav

TO HOSPITA VR A15 (4) 1SM 9/S9

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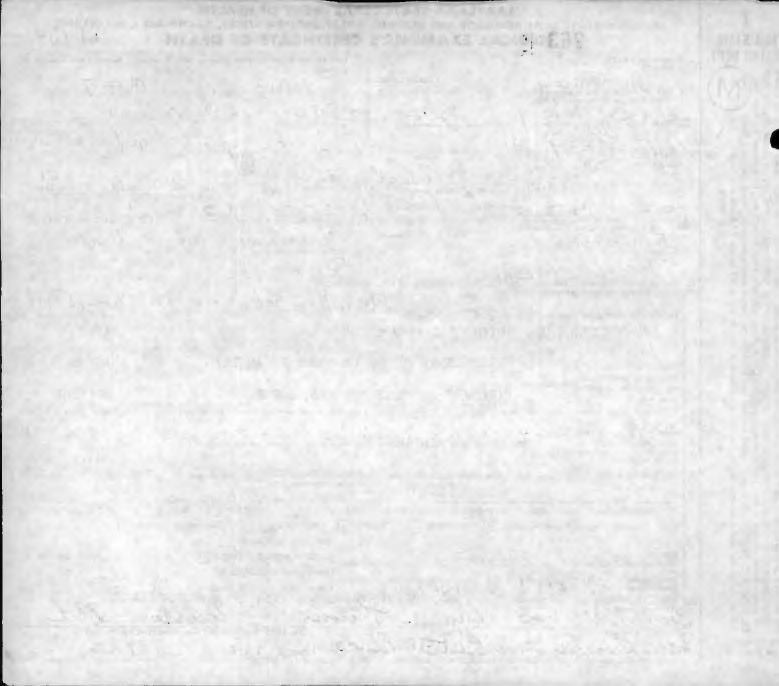
# FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-iransit permit. File pages 1 and Arrighthe State Board or Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 fours after death.

VS. AISME 5M 7/S9

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, 763MEDICAL EXAMINER'S CERTIFICATE OF DEATH

•	I. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institutions R	esidence before admission)				
	morte on cree MARYLAND	a. STATE b. COUNTY	- h				
) [	b. CITY OR TOWN (it/dutside corporell limits,   c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL end	give marest town)				
	write RURAL and (give nearest town)	Name of the al					
	CO. NAME OF HOSPITAL OF INSTITUTION of not in hospital, give street eddress)	d. STREET ADDRESS	I e. IS RESIDENCE				
,	S. NAME OF HOSTITAL OF ASTRONOMY IN HOS IN HOSPITAL, GIVE SIZE OF GODIESS)	a. SIREEI ADDRESS	ON A FARM?				
	1015 Spring Sh	I Letter spring my	YES NO				
1	NAME OF First Middle	Lasi 4. DATT Month	Day Yeer				
	(Type or print)	ander DEXTH Jan	10 1961				
1	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	DATE OF BIRTH 9. AGE (In years   IF UNDER 1	YEAR   IF UNDER 24 HRS.				
1	fee ale litt WIDOWED DIVORCED DI	12-19-5   1905   lest bithday) Months D	leys Hours Min.				
1-	106) USUAL OCCUPATION (Give kind of work   106, KIND OF BUSINESS OR INDUSTR	4 4 2 3 7 . 0	ZEN OF WHAT COUNTRY?				
	done during most of working life, even if retired)	D //	14				
-	mount	Daltimore My	104				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	Joseph Heisher	Rose					
	(Yes no or unknown) ((If verrive were relaterated)	NFORMANT Address					
	M	V. William Selen (Com Stol C)	over Rd. Balt. 11				
1	18. CAUSE OF DEATH  Enler only one cause par line for (a), (b), end (c).]		INTERVAL BETWEEN MA				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCAR DTAL INFARCT	ACUTE					
	Lake V						
	Conditions, if any, which the THROMBOSIS, POSTERIOR CORONARY ARTERY						
	gave rise to immediate cause	SOIL OOKOWAKE ARTICLES	ACUTE				
	(a), stating the underlying DUETO	T COACTO OFFICE	TARRESTON THE				
	causa last. (c) CORONARY ARTERIOS	· · · · · · · · · · · · · · · · · · ·	UNKNOWN				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED?				
4	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO COLLEGE OF CONTRIBUTION OF CONTRIBUTION OF COURSE WAS PRIMARY OF CONTRIBUTING OF CONTRIBUTION OF CONTRIBUTI	for dental redoin	YES NO				
	200. EXTERNAL CAUSE WAS   Ob. DESCRIBE HOW INJULY OCCURED. (6	Enter Sature of Injury In Part I or Port II of Item 18.)	The same of the sa				
	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.						
	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm, † 20f. (City or town) (Coun	ty) (State)				
		ory, street, office bldg., atc.)					
	Partie 12   East Line		11				
	21. I certify that I took charge of the remains described above, he		and in my opinion				
	death resulted from: Natural causes X. Accident . Suici	ide [_]. Homicide [_]. Undetermined manner [_]					
	1 1 1 2	CHIEF MEDICAL EXAMINER					
	SIGNATURE TRULY ANOTHERS	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED				
	EXAMINER'S F. A. C. T. C.	DEPUTY MEDICAL EXAMINER	1-61				
	NAME (Type) FANK 1. 13toschart	Address (Street, city, town, or county)	- 01				
1	28. BURIAL, CREMATION, 226. DATE THEREOF 225 MAME OF CEMETERY OR	CREMATORY 22d. LOCATION City, town or country)	(State)				
	Minus 1-12-61 Swanzer 7	Fron Valto	1160				
-	23/ FUNERAL DIRECTOR / ADDRESS /	248. REC'D BY REGISTRAR   24b. REGISTRAR'S SIG	ENATURE				
	Jack Funder 3100 Eutrin Pl	aco DATSJAN 13'61 arthur S. 1	4				
1	7	I DATE AN I S OI COULTY , 3. 7	VIAMATY				



death. Page' 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

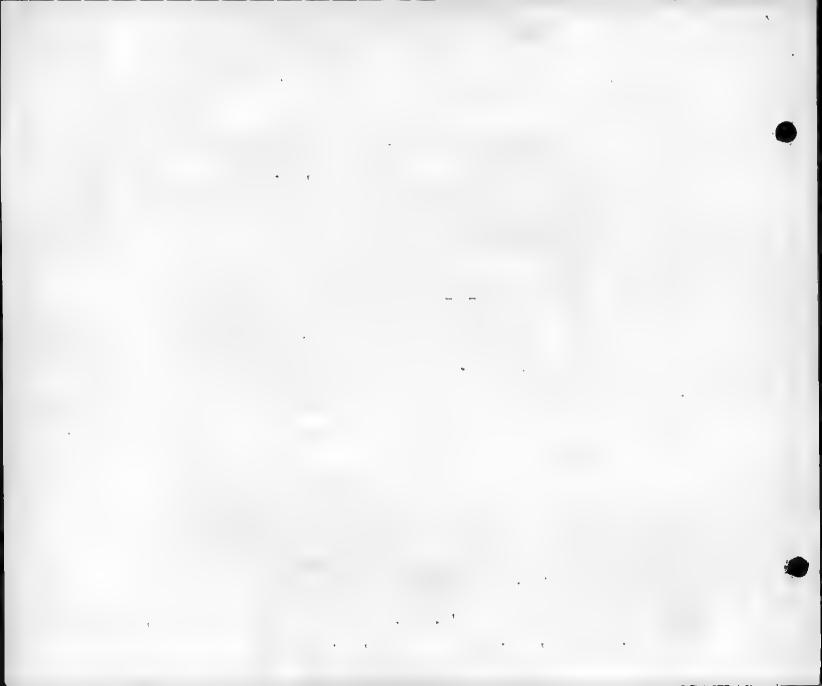
TO HOSPITAL

VR A1S (4) 1SM 9/S9

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

7. 60550

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1 PLACE OF DEATH o. COUNTY AA		2. USUAL RESIDENCE (Who	ere deceased lived. If institutio	n: Residence before admission)
Montgomery	MARYLAND	Maryla	and b. county	Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town).	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	otside corporate limits, write RL	IRAL and give nearest town)
Takoma Park	28 days	Nockville		7 h
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Sanitarium	11 ) [	d. STREET ADDRESS	Kland Driv	IS RESIDENCE ON A FARM? YES TO NO X
3. NAME OF First	Middle	Lost	4. DATE Month	
(Type or print) John Mic	hael Ba	lassa, sr.	DEATH Au	n, 28 1961
S SEX 6. COLOR OR RACE 7. MARRI	IED 📉 NEVER MARRIED 🔲 📙	DATE OF BIRTH	, AGE (In years lost birthdoy)	Months Days Hours Min
Male White WIDOWE		2/24/94	66 yrs	
100 USUAL OCCUPATION (Give kind of work done 10b I steam engineer (retired)	KIND OF BUSINESS OR INDUS Llies Inn Resta	TRY 11 BIRTHPLACE (Stoke of 1) ant / un 9	or foreign country)	American
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME 0	
MICHAEL BALASSA		unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give war ar dates of service)	SOCIAL SECURITY NO. 17. IN	sp; tal F	Records Addr	ess
Conditions, if ony, which gove rise to immediate couse (o), stating the under lying couse ost.  PART II. OTHER SIGNIFICANT CONDITIONS COUNTY OF THE COUNTY O	sine Celle pase  ontributing to DEATH BUT	lung (Sur	MAL DISEASE CONDITION GIVE	20-30 GM EN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
206 ACCIDENT WAS UNDERLYING   206 DESC OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED			YES ANO 🗆
COC. TIME OF INJURY Month, Doy, Year 20d IN Hour o. m. 19 of work	No! while foot	CE OF INJURY (Home, form, tory, street, office bldg., etc.		(County) (State)
21 I certify that (1) (this hospital) attend saw the deceased alive an Air Il 22/5 (SMATURE  LANGE OF THYS JAN S NAME (Type) RAYMOND O. WES	19_6/, and that d	eath occurred at		, 19.6. that (t) (we) last don the date stated abave.  27b.DATE SIGNED
230. BURIAL CREMATION, 23b DATE THEREOF BURIAL (Spec fy) 1/31/61	23c NAME OF CEMETERY OF Nat 11. Mem. Pa	11.1	23d. LOCATION (City, town, of Falls Church	r county) (Stote)
Haymond a Jiska	STRWER SPRING	MD. 250 REC'I		TRAR'S SIGNATURE



D STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) e. COUNTY b. COUNTY e. STATE MARYLAND **동** 2 년 icimy librad b. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporete I mits, write RURAL and give neerest town) and write RJRAL and give nearest town) d NAME OF HOSPITAL OR NSTITUTION (if not in hospital, give street eddress) Eventide Nursing Home d STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO Litum Lyen a 176 1.0041 3. NAME OF M.ddla OF DECEASED DEATH (Type or print) 194 AGE (In years | IF UNDER TYEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED THEYER MARRIED B. DATE OF BIRTH last birthday) Months April 10 WIDOWED & 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 10a, USUAL OCCUPATION (G ve kind of work done during most of working life, even if retired) Massachusetts
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME vley Lyford 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (Ifyes give we rardetes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c, ONSET AND DEATH PART I DEATH WAS CAUSED BY: Browello fenemu ma Olher IMMEDIATE CAUSE ... Cerebro vascalavare oler + DUE TO gave rise to immediate cause DUE TO (e), stating the underlying PART I. OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT **AUTOPSY** PERFORMED? 2 % NÓ 200 ACCIDENT WAS UNDERLYING . 206, DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert I of Idem 18.)
OR CONTRIBUTING CAUSE OF DEATH I
(IF EITHER, NOTIFY MEDICAL EXAMINER). MEDICAL (County) 20d. IN. JRY OCCURRED 20e. PLACE Of IN. JRY (Home, form, 20t. (City or town) 20c. TIME OF INJURY Month Day, Yeer factory, street, office b dg , etc.) While Not While Hour a.m. et work al work (A) 10 ... 21. | certify that (I) (this hospital) attended the deseased from .19 6.1, and that Weath occured at .... PM, from the causes and on the date stated above. saw the deceased alive on .. 225 DATE 22e SIGNATURE ATTENDING 5 GMED DIRECTOR T M.D. PHYS. PHYS. 22d. ADDRESS director, I 230. BURIAL, CREMATION, 236, DATE THEREOF 123c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, fown or county) REMOVAL (Specify) Cremation are. 25e. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

ath. Page 4 FUNERAL



**Division of STATISTICAL RESEA** 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 6 SMEDICAL 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) necessary, ector, Page a. COUNTY of Kealth, e. STATE b. COUNTY files. MARYLAND nontagine b. CITY OR TOWN by outside corporate I mits, ector. c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and Dive nearest town) your write RURAL end give nearest fown] Koma d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street eddress) į Boar d. STREET ADDRESS . IS RESIDENCE ON A FARM? retained he State B YES NO F death. and 3 to the fun NAME OF DATE Month Forst 4. DECEASED OF the and 2 with the 72 hours after o (Type or print) DEATH 19 6. COLOR OR RACE & MARRIED THEVER MARRIED 5. SEX AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 2 will 8. last birthday) Months Hours Min WIDOWED [ 24 hours after ove Pages 1, 2, an DIVORCED 10a. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if ratirad) pages in pencil in Item 18. Give Page Office along with form PM3. burial-transit permit. File pages 14. MOTHER'S MAIDEN HAME This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addrass (If yesgiva wer or datas of service) (Yes, no, or unkown) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) 1 .5 PART I. DEATH WAS CAUSED BY. and. IMMEDIATE CAUSE (a) DUE TO removal. Conditions, if any, which (b) gave rise to immediate cause 40 **DUE TO** lease execute the certificate, writing the word "pending should be forwarded to the Chief Medical Examiner" FUNERAL DIRECTOR: Page 3 should be used as: r its designated agent, prior to burtal, cremation, or n e), stating the underlying causa Jast. PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(\*) 19. WAS ALTOPSY CERTIFICATION PERFORMED? NO X 200. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED, (Enter netura of Injury in Part I or Part II of Item 18 ) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, 20f., (City or fown) 20c. TIME OF INJURY Month, Day, Year (County) (Steta) fectory, street, office bldg., etc.) House a m. While Not While at work et work p.m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 🙀 Inquiry K and in my opinion MEDICAL death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [ ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Boha Kt NAME (Type) Address (Street, city, town, or county) OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, lown, or country REMOVAL (Precity) Duren ծ 40 4 REC'D BY REGISTRAR MEGISTRAR'S SIZNATURE A15ME Orthun S. Kraus 3 5M 7/59



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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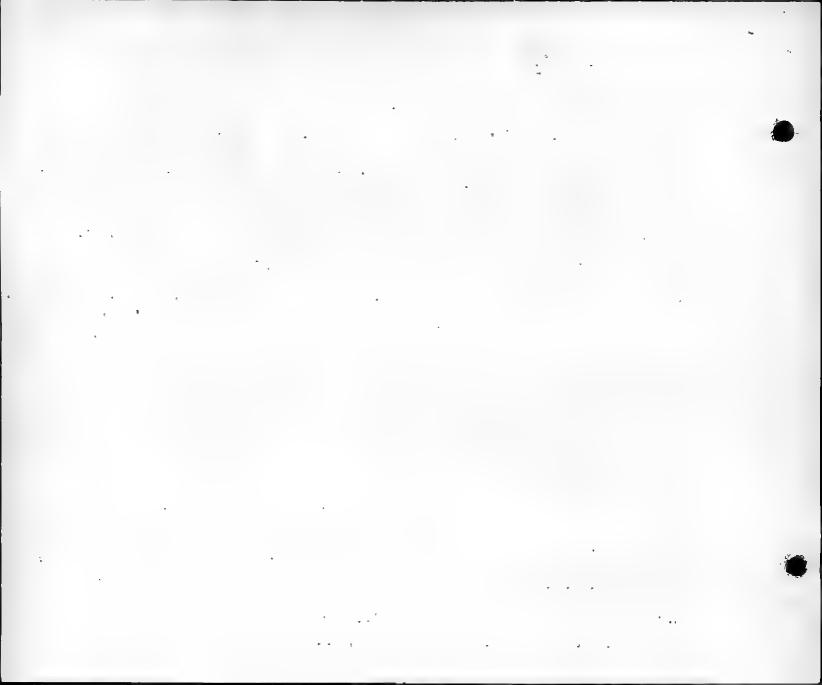
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WAS AUTOPSY PERFORMED? YES | NO 10

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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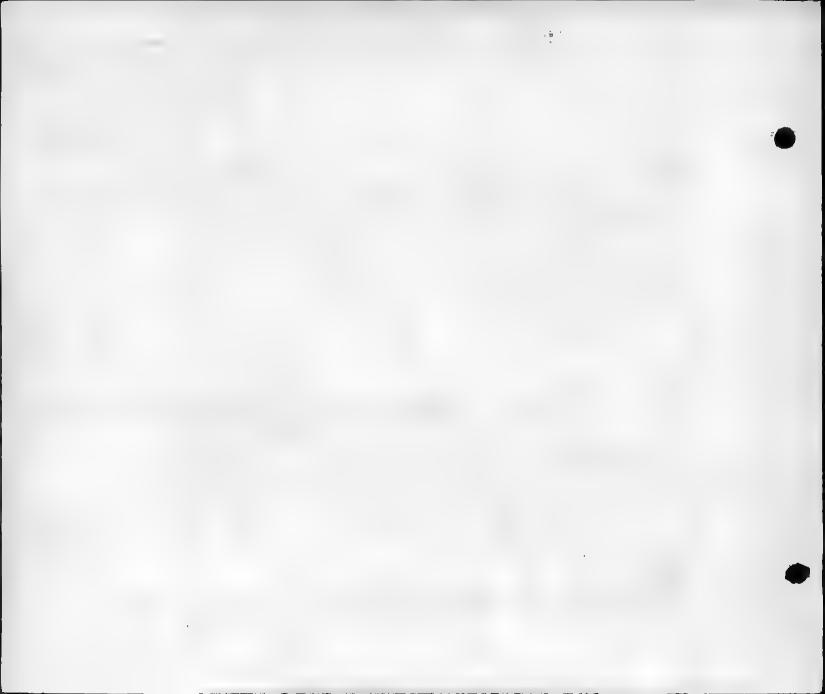
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Funerla Home, Bethesda, Md.

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Rockville d. STREET ADDRESS e, IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give atreet address) ON A FARM? Hallama In China Hornard YES NO registrar NAME OF 4. DATE Middle Day Year DECEASED (Type or print) DEATH 19 H. RRY BCI TON 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 38. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months Days Hours WIDOWED [ DIVORCED yrı. 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Jo an Anling pages Theth John an 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 116, SOCIAL SECURITY NO. 17. INFORMANT Address Frances 1B. CAUSE OF DEATH [Enjer only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Conops my Ocelus on A . . . . 3 IMMEDIATE CAUSE (o) DUE TO Conditions, if any, Thick gove rise to immediate couse **DUE TO** (o), stoling the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(o) 19, WAS AUTOPSY PERFORMED? NO [ 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, Month, Day, Year 20d INJURY OCCURRED 20f. (City or town) (County) (Store) factory, street, affice bidg., etc.) Hour o. m. While Not while of work of work p. m. 2). I certify that I tack charge of the remains described above, held an Autapsy . Inspection . Inquiry . tand find that forworded to the Chief by FUNERAL DIRECTOR: Accident , Suicide , Homicide , Undetermined cause death resulted from: Notural causes .... DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER [ SIGNATURE ASSISTANT MEDICAL EXAMINER [7] **EXAMINER'S** NAME (Type) Brownin DEPUTY MEDICAL EXAMINER TIN 720. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 246. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR Wheele VS. A15ME(S) IAN 1 6 '61 Chathar & Hances · 7 AT. Liver Reskville Wil

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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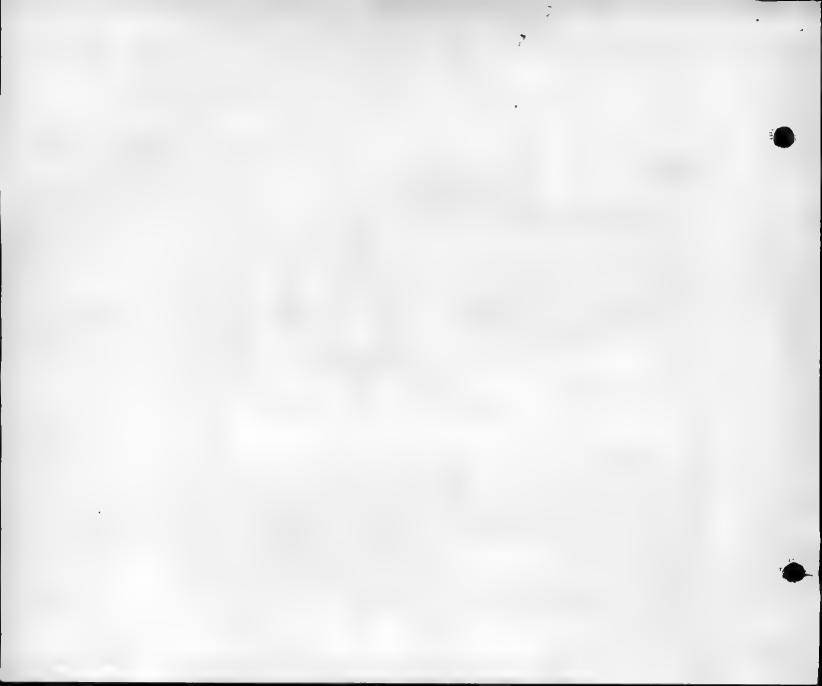
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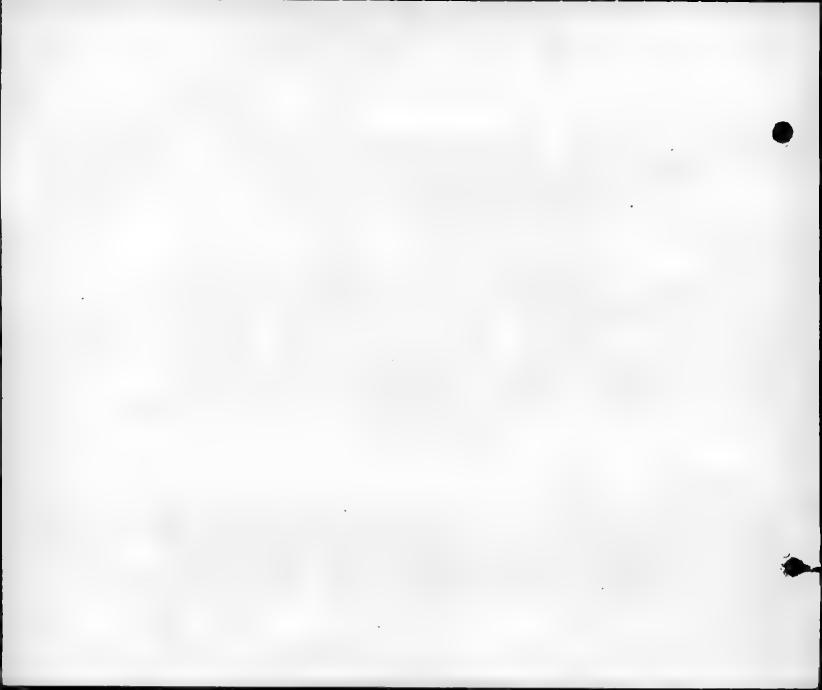
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) · COUNTY o. STATE **b** COUNTY Pa MARYLAND funeral CITY OR TOWN (If outside corporate limits, wir RURAL and give nearest fown) c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) þ should d NAME OF HOSPITAL (IC) of in hospital, give street address) e IS RESIDENCE d. STREET ADDRESS ON A FARM? OR INSTITUTION 24 YES NO I .0 Ü DATE NAME OF First Middle Year filted DECEASED DEATH Pages (Type or print) Q. 19/2 IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years etely 16 COLOR OR RACE lost birthdoy) Months Days WIDOWED IN " yrs. comple 100. USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) and pou 22 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 202 within physica remove 17 INFORMANT IS, WAS DECEASED EVER IN U. S. ARMED SOCIAL SECURITY NO. affending 210 pleose INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO the DUE TO Conditions, if ony, which emovol (b) signed gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. burial-transit has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO IX 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of stem 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (Stote) Month. (County) foctory, street, office bldg., etc.) Hour a.m. While Not while of work of work p. m. Tan 196. L., that (1) (we) lost 21. I certify that (1) (this hospital) attended the deceased from... 19. 2/ and that death occurred at \$3.7M, from the couses and on the date stated above saw the deceased alive on may be refaired wy. 220 SIGNATURE 225 DATE ATTENDING STAFF M.D DIRECTOR 22d. ADDRESS 22c, PHYSICIAN'S 3 should NAME (Type) 23a BUR AL CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) poge **ZEMOVAL (Specify)** 41 01 **ADDRESS** 250 REC'D BY REGISTRAR 25h REG STRAP'S SIGNATURE c had DATE JAN VR A15 (4) 1SM 9/59



1	MARYLAND STATE DEPARTMENT OF HEALTH	
1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI	RYLAND
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	5. SEX 6 COLON OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years IF UNDER 1	/ 19 YEAR IF UNDER 24 HRS,
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ttend en p	15. WAS DECEASED EVER IN U.S. APMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unknown) ((Ifyes give wefordates of service)	
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S th	18 CAUSE OF DEATH Enter only one ceuse per line for (a) (b), and (c).	ONSET AND DEATH
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出名语名音 【】	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	
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OR OR OR Shot Shot Shot Shot Shot Shot Shot Shot	22a SIGNATURE ATTENDING MED. STAFF	22b. DATE SIGNED
41.8	22c PHYS CIAN'S DIRECTOR PHYS. 22d ADDRESS	1/2/6/
PITA Page With	NAME (Type) Robert A. Hare MD. 7600 Carroll ave,	Tak PK 191
HOSPITA ath. Page FUNERAI ector, page filed with	238. BUR,AL, CREMATION, 235. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or count)	/) (Stete)
Tries at the state of the state	REMOVAL (Specify) 1/4/61 Boonsboro Cemetery Boonsboro, Man	ryland
VR A15 (4)	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S	
15M 9/60	Robert A. Remphies, Bethesda, Maryland DATE JAN 5 '61 willing	P. Harris



### RYLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where daceased Lived, If institution; Residence before 1 PLACE OF DEATH a. COUNTY **b. COUNTY** MONTGOMERY MARYLAND Maryland · MONTGEMER b. CITY OR TOWN (if outside corporete limits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? YES NO 4214m - H. 311/2 completely 3. NAME OF Edessa DECEASED OF DEATH (Typa or pr'nt) 1961 carbon AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthdey) and Monthsi WIDOWED [ DIVORCED [7] please re-10e. USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE, County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) House WI Mass, 13. FATHER'S NAME 1.14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT [Yes, no, or unknwn] [Hyesgivewerordetesofservice] 439-24-9479 18. CAUSE OF DEATH [Enter only one cause per line INTERVAL RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (a), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED? NO 206. ACCIDENT WAS UNDERLYING \_\_ 206. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Port , or Port | of tom 18 ) OR CONTRIBUTING \_\_ CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20r PLACE OF INJURY (Home, farm, 20f (City or town) 20c. TIME OF INJURY Month, Day, Year (County, (Stete) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that (1) (this hospita) attended the deceased from Ala-OR ATTEN apd that death occured bit. M, from the causes and on the date stated above saw the deceased alive on the ZIZNAT ATTENDING DIRECTOR PHYS. PHYS. death. Page 4 O FUNERAL 22c. PHYSICIAN'S 22d ADDRESS CHARLES M. 10.620 Ga. Ave., Silver Spring, Md. NAME (Type) director, 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d LOCATION (City town or county) (Steta) REMOVAL (Specify) ARLINGTON. VIRGINIA 2/3/61 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE SILVERRESPRING. MD. YR A15 (4) 15M 9/60 DATE HEB 7 Orlland & House



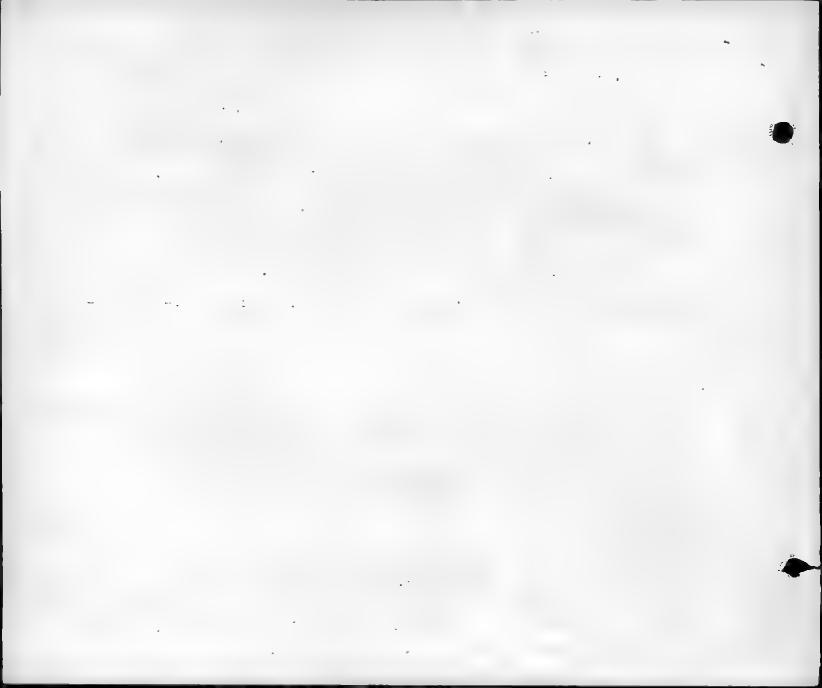
# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CENTRE CATE OF DEATH

	775	CERTIFICA	IE OF DEATH			667	69		
PLACE OF DEATH			2. USUAL RESIDENCE (WI	here deceased		Res dence befor	e admission)		
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d NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give stree	l address)	d, STREET ADDRESS			(	IS RESIDENCE		
	Woodbine Stre	et	4102	Woodb	ine Stre	et	YES NO NO		
NAME OF DECEASED	First	Middle	lost	4. DATE OF	Month	Day	Year		
(Type or print)	Helen	Virginia	Brooke	DEATH	Jan.	10	5 19 61		
. SEX	6. COLOR OR RACE 7 MA	RRIED 🔲 NEVER MARRIED 🔀	8. DATE OF BIRTH	•		JNOER 1 YEAR	1F UNDER 24 HR		
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. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME					
Fran	cis C. Brook	ce.	Mary A	. Wil	son				
5 WAS DECEASED EV	R IN U. S. ARMED FORCEST 30		(FORMANT		Address				
(Yes, no. or unknown)	(If yes, give war at dates of service)	None F	rancis C. H	krooke	. JrBr	other.	same 2		
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□   a -	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED?								
200 ACCIDENT WORLD OR CONTRIBUTING	Low blood Clothing power - YES NOTE								
20a ACCIDENT WAS UNDERLYING   20b DESCRIBE HOW INDURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18 }									
5 20c TIME OF INJU	RY Month, Day, Year 20d. While	For	ACE OF INJURY (Home, form ctory, street, office bldg., etc	n.   20f (City 	or town]	(County)	(Stot		
Hour o, m. p. m.		ork at work							
21 I certify that (I) (this haspital) attended the deceased from Jan 16, 1954, to Jan 16, 1961, that (I) (we) last									
saw the deceased alive an 2010. 13 19 6 1 and that death accurred at 5 4M, from the causes and an the date stated above.									
220. SIGNATURE/		/) n					22b DATE		
1 12	elber B1	tride	M.D. PHYS S D	ED IRECTOR []	STAFF PHYS	1/16	/61 SIGNE		
22¢ PHYSIC AN 5	C 11 . +	27)1.	22d. ADDRESS	4	111-10		11/11/		
NAME (Type)	GIDEN	OKUGE	37	00 1	1111147	11 10.	NWX		
30. BURIAL, CREMATIC	ON, 23b. DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY	23d LOCAT	ION (City, fown or ci	ounty)	(Stote)		
REMOVAL (Specify Burial		Llamant	Comphani		. ,	Wingin	oio		
4. FUNERAL DIRECTO	I'S SIGNATURE	Warrenton	Cemetery 750 REC	D BY REGIST	renton	AR'S SIGNATUL	RE		
Robert	A. Pumphrey	Bethesda, Ma	werd and	FRM 1 8 <sup>3</sup>					

TO HOSPITAL Strain ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours for death. Page 4 may be retained by the hasp tall or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director page 3 should be detached far use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, or remayal, and in any event, within 72 hours ofter death.

VR A15 (4) 1SM 9/59



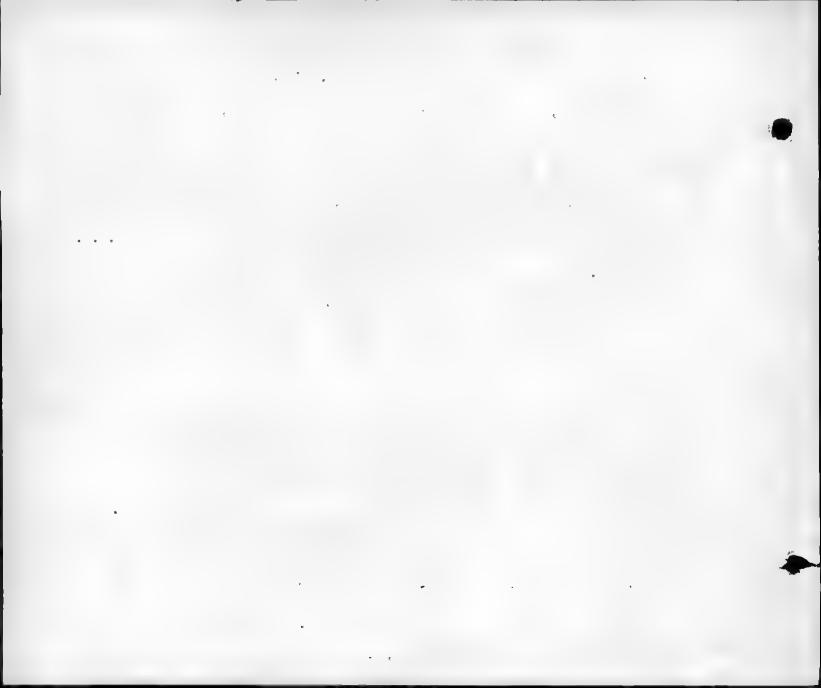
VR A15 (4) 1SM 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 776

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1 PLACE OF DEATH 6. COUNTY		2. USUAL RESIDENCE (Where deced o. STATE	sed lived. If institution	Residence befare admission)
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b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	€ LENGTH OF STAY IN 16	CITY OR TOWN (If autside car		RAL and give negrest fown)
Sandy Springs, Md	30 yrs	→ Sandy Spring	s, 'd	
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION)	address)	de STREET ADDRESS		B IS RESIDENCE ON A FARM?
		Brooke R	đ	YES NO
3. NAME OF First	Middle	DD and C OF	E Month	Day Year
(Type or print)	E.	BKOOKS DEA	t <del>H</del> Janus	arv 31 19 61
5. SEX 6. COLOR OR RACE 7 MARR	HED THEYER MARRIED	B DATE OF BIRTH	9 AGE (In years 1	FUNDER 1 YEAR IF UNDER 24 HRS.
Tale Col WIDOWE	D DIVORCED	1/4/1887	last birthday)	Monitis Days Haurs Min.
10a USJAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11, BIRTHPLACE (Stote or foreign	e country)	12. CITIZEN OF WHAT COUNTRY?
Sinister		faryland		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Thomas H. Brooks		ery France	s Hall	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17 IN	IFORMANT	Addres	35
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	R	osa A. Brooks (S	ame as abor	re)
Canditions, if ony, which gave rise to immediate cause (a), stating the under-typing cause last.	renery and (c)-] renery and (c)-] you and so well you are so were user	Lesein & Thun 2 Land Solvie une cardia	uloneis +	INTERVAL BETWEEN ONSET AND DEATH
Part II. OTHER SIGNIFICANT CONDITIONS C	V		•	N IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING   CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or I	Port II of item 18 }	
To the Of INJURY Month, Doy, Year 20d. It Hour o. m 19 while at world	Nat while for	ACE OF INJURY (Home, form, 20f (Catary, street, office bldg., etc.)	City or fawn)	(County) (State)
21 I certify that (I) (this haspital) attend	P P	11	Λ	
saw the deceased alive on. 31.1cm	19.61. , and that d	leath accurred at 2 AM, fra	m the couses and	
220 SIGNATORE Leu Booley	Zienler.	M.D PHYS MED DIRECTOR	STAFF PHYS	3 Fel-196
PHYS CIAMIS NAME (1908) HN BOSLE	1) DECLE	R OLNEY	MI	)
23d BUR AL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY O		CATION (City, fown, or	county) (Stote)
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 REC'D BY REG		RAR'S SIGNATURE
Killer L. As	L-Paglorille	FEB 1	4 4 4	Lithur S. House



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 777

66776

		*									
	1 PLACE OF DEATH  o. COUNTY  Mont gome may	MARYLAND	2 USUAL RESIDENCE (WH p. STATE Maryland		If institution Resid	dence before admi	ission)				
	b. CITY OR TOWN (If oulside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)								
	Bethesda (Rural.)										
1	d. NAME OF HOSPITAL (If not in hospital, give street of	oddress)	d. STREET ADDRESS			e. IS R	ESIDENCE A FARM?				
	U. S. Naval Hospital					YES [	□ NO 🔀				
	3. NAME OF First DRCEASED	Middle	Last	4. DATE OF	Month	Day	Yeor				
	(Type or print) Allen	Ross	BROUGHAM	DEATH	January	20	19 61				
	5 SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE	(In years IF UND orthdoy) Month	DER TYEAR IF UN					
	Male Caucasian WIDOWE		6-1-13	47	yrs.						
	100 USUAL OCCUPATION (Give kind of work done 10b, during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11, BIRTHPLACE (Stole	ar foreign country)	12.0	CITIZEN OF WHAT	COUNTRY				
	Salesman	nsurance	New Yo	rk		USA					
-	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME							
	Herbert BROUGHAM		Nettie I.	HILL							
ا	(5 WAS DECEASED EVER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO 17 II	FORMANT		Address						
and the same of th	Yes WWII-Korean 57	7-09-1309 (W)	Mrs. Jane Br	ougham, s	ame as #	2 above					
	18. CAUSE OF DEATH [Enter only one cause per lin	ne for (o), (b), and (c).]				INTERVAL I	BETWEEN				
	PART I. DEATH WAS CAUSED BY:										
	DUE TO	TI DOSTO TTACT	, Lactured a				yr				
	Conditions, if only, which (b)										
	couse (a), stoting the under-										
	lying couse lost ) (c)					l la viv					
	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE COND	ITION GIVEN IN F	PERF	FORMED?				
	A CONTRACTOR OF THE CONTRACTOR					YES [	NO [				
all.	□ OR CONTRIBUTING □ CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I or Part II of ite	im 18 )						
-											
		La.	ACE OF INJURY (Home, form clory, street, office bldg, etc.		)	(County)	(Stot				
	Mour o.m. While of world	Not walle	oroni, arrocal orrang brang, are	"							
	21. I certify that (4) (this haspital) attend	led the deceased from	Jan. 17 10	61 to Jan	. 20 10	9.61. that 04	(we) la				
	saw the deceased alive on Jan . 20		legth accurred 7:35	AM, from the co	uses and an	the date state	ed abay				
5	220 SIGNATURE	/ did ilidi d	Jean decorred di	,,,, main me ee	oses and an						
Ĺ	I mulle	in Vors	ATTENDING M	ED. STAF	inci	1-21	226 DATE SIGNE -61				
•	22c PHYSICIAN'S M. William Vo	ss, LCDR, MC.	USIN PER ADDRESS	TECTON ED TITLE	. 441						
	NAME (Type) M. WILLIEM VO	Will ox Mix Control of the Control o		l Hospita	l, Bethe	sda, Md.					
	230 BURIAL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY C	R CREMATORY	23d LOCATION (Cr	ty town or count	ty) (Si	tote)				
	Burial-Shipment 21-24-6	At sea		Norfolk		Virgi	nia				
	24, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'	D BY REGISTRAR	256, REGISTRAR'S	SIGNATURE					
	W. E. Pumphrey Funeral Hom	e. Silver Spri	ng, Md. DATE JA	N 2 5 '61	Colun,	& House					
	of fill make the	TO DESCRIPTION OF THE PARTY OF				A. I VIVANA					
	1.15										

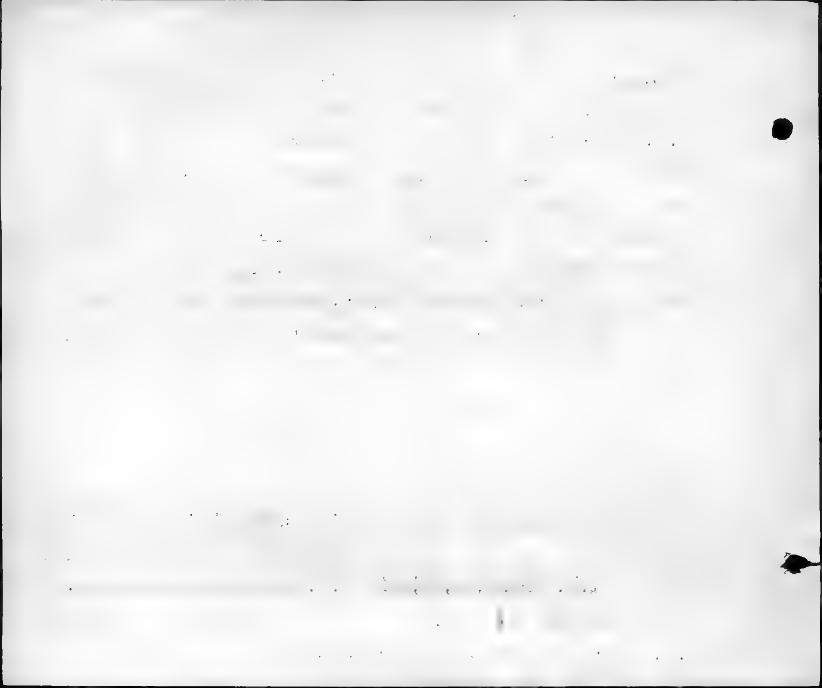
TO HOSPITAL MATENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours are death. Page 4 may be remained by the hospital or attending physician.

IN FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely fulled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, crematian, or removal, and in any event, within 72 hours offer death.

9

r deoth. Page 4

VR A15 (4) 15M 9/59



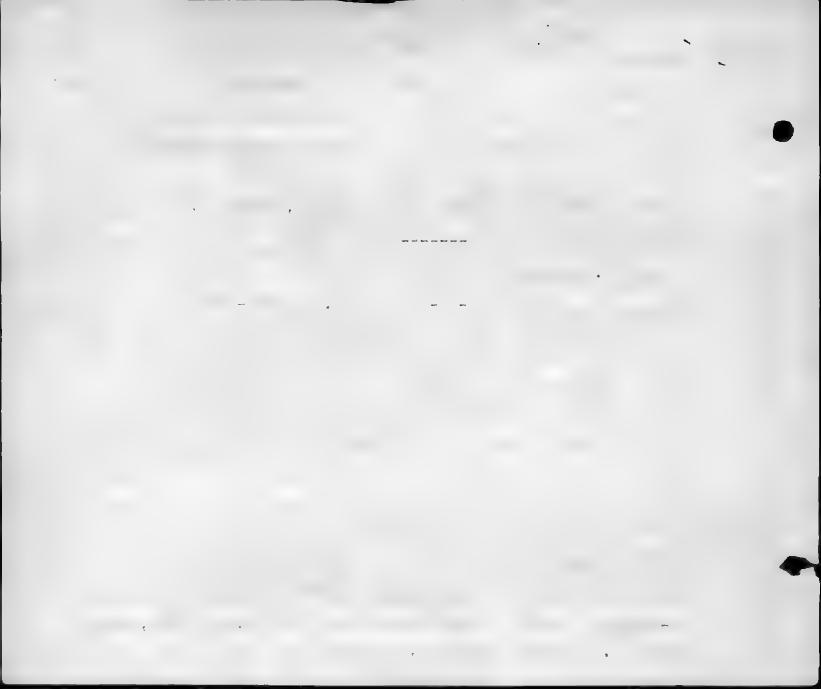
15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



Division of STATISTICAL RES AND RECORDS. **BALTIMORE 1. MARYLAND** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. L PLACE OF DEATH 2. USUAL RESIDENCE (Whare dacassed lived, If institution, Residence before a. COUNTY Health, funeral director. Page fined for your files. a. STATE b. COUNTY Montgomery MARYLAND Marviand b. CITY OR TOWN [ Fourside forporate | mils, c. LENGTH OF STAY N 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give neerest town) write RURAL and give nearest fown? OF 601c Silver Spring b 4. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Boar d. STREET ADDRESS e. IS RESIDENCE ON A FARM? refained State 55 YES NO THE 8800 Plymouth death. NAME OF Middla DATE Month Year DECEASED 3 to the OF the the (Type or print) DEATH 1941 efter with. FUNDER YEAR I IF UNDER 24 HRS. 5. SEX COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 1 | 8. DATE OF BIRTH 9. AGY III Yaars A hours effe.
Pages 1, 2, and age 1 and 2 with 72 hours events and 2 with 72 hours events eve may b 67 yrs. Machine Hours I Min. Female DIVORCED April WIDOWED TO 10a. JSJAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) Housewife in pencil in Item 18, Give Pages Maine USA it. File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Li bby (Unknown) John M. McLaughin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. ENFORMANT Addoss (Yas, no. or unkown) (If yes give wer or dates of service) permit. Office along with for buriel-transit permit. Mrs. Barbour-daughter 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN QNSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** removal, Conditions, if any, which (6) gave rise to immediate cause ease execute the certificate, writing the word "pending' should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as a **DUE TO** (a), stating the underlying cause last. cremation, PART II. OTHER'S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,811 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury In Part I or Part II of Itam 18.) PRIMARY | or CONTRIBUTING | e 3 short CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, ferm, , 20f. [City or town) Month, Day, Year (County) (Stata) factory, streat, office bldg., atc.) 0 While Not While Hour a.m. at work at work prior p.m. Inspection 🖳 Inquiry 1/2 and in my opinion MEDICAL egent, Accident Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE'S DEPUTY MEDICAL EXAMINER DEPUTY NAME (Typs) 3hoschent Address (Street, city, Jown, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Spacify) 240 p Bab View Cemetery 24a. REC'D BY REGISTRAR Ö Bur-Transi Portland VS. A15ME Bethesda, Maryland | DATE JAN 1 9 '61 Robert A. Pumphrey arthur & throse

RYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

c. LENGTH OF STAY IN 16

MARYLAND

/	-	
1	Fr:	
V	LAI /	
1		

er death Page 4

1. PLACE OF DEATH o. COUNTY

uneral director, d be filed with D HOSPITAL CATENDING PHYSICIAN: The law equires that the death certificate be executed within 24 haurs may be retained by the haspital or attending physician.

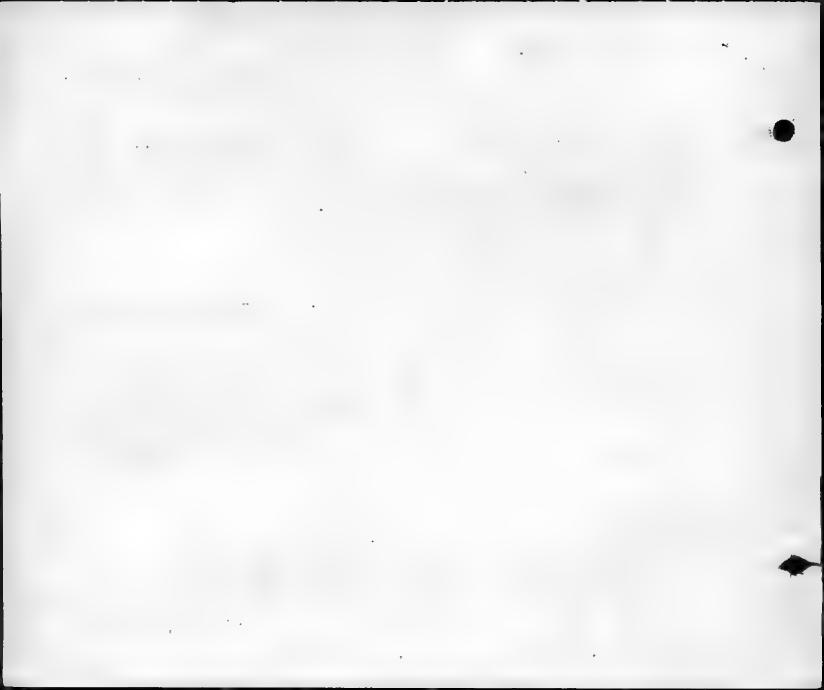
유품			Citery	<del></del>					Une	VY C	nase				
rne fu shauk	8	d. NAME OF HOSP TAL (If not in hospital, give street address)  OR INSTITUTION  d. STREET ADDRESS													
× (N	X	4616 Chevy Chase Blvd 461									vy Cha	ase_			
			NAME OF	F		i.	ast	4 DATE							
# 15 m			Type or print)	Oliv	er		F	_ 1	Busby		DEATH	Ja			
ly filly Pages death		S 5	EX	6. COLOR OR RACE	7. p	AARRIED 🔲 NE	VER MARRIE	D 🔲 8.	DATE OF BIS	tTH .		9, AGE lost t			
campletely filled papers Poges 1 turs after death.			Male	White	WID	OWED 🔼	DIVORCE		Jan.	15,	1879 8				
cample papers ours aft		10a	USUAL OCCUPATION	ON (Give kind of worl	done	106. KIND OF	BUSINESS O	RINDUSTR	Y 11, BIRTH	PLACE (Stote	ote or foreign country)				
			Lawyer	king life, even if retire	KI)	L	aw		T	exas					
carban tarban tin 72 h		13	FATHER'S NAME						14. MOTHER	'\$ MAIDEN	NAME				
		1	John	Busby						Uı	nknow	1			
g physic remove vent wit			WAS DECEASED EVE	ER IN U. S ARMED FO		16. SOCIAL SE	CURITY NO	17 INFO	RMANT						
e rei		N	O O O O O O O O O O O O O O O O O O O	(it yes, give was or done or	: serrion;	Unkno	own	Kat	tie B	. Bus	by-da	augh			
itendin please any e			1B CAUSE OF DEA	ATH [Enter only one	couse p	er line for (a),	(b), and (c).]		, .						
# E.S			PART I DEA	ATH WAS CAUSED BY IMMEDIATE CAUSE		Con	Dev. by	ntd?	1 de	Rast					
			4-20.	DUE T	o	1/	1								
<del>ن ن</del> ِ هُـ			Canditions, if a	iny, which )	(b)	4	thirl	612 2 260	(						
gned by permit, emavol,			gave rise to i	immediote ( nue 7		J	1								
D d			couse (a), stating lying cause lost.		(c)										
onsi or		z	PART II. OT	HER SIGNIFICANT CO	NDITIC	INS CONTRIBUT	ING TO DEA	TH BUT NO	OT RELATED	TO THE TERM	AINAL DISEAS	E COND			
ate has been so burial-transit cremation, ar		FICATION													
urice ema		9	20n ACCIDENT W.	AS UNDERLYING [7]	20b	DESCRIBE HOV	V INJURY OF	CCURRED.	Enter nature	of injury in	Port I or Por	t II of its			
ficate the b al, cr		CERT	OR CONTRIBUTING	CAUSE OF DEATH	H]				•	, ,					
ertificas the urial,	b.		20c TIME OF INJU		'	od, INJURY OC	CHOOSE	20a PLACI	E OF INTER	(Home for	m, [20f (Cit	v ar towe			
is cert use as Ia buri	-	MEDICAL	Hour o. m.	•	W	/hile Not	while		y, street, off						
er this far us ior to		₹	p. m.	19	oi	work of w	ork 📙		/	<i>'</i>					
Fer Price			21 I certify the	at (I) (this haspit	al) gî	tended the	deceased	fram		e/ 1	2ta_	4			
Harry A			saw the decea	sed alive an	41	1/6/19	and	that dec	th accur	ed at 3	M/ fram	the co			
TOR: After detached Health pr			220 SIGNATURE	O D	4	n			ATTEND	NG I	MED	STAF			
S S S			1/2	Men	W/	5		M.I	D. PHYS.	<b>X</b> :	DIRECTOR [	PHYS			
AL DIR hauld t Board			22¢ PHYS CIAN'S NAME (Type)	N Zin	- 2./	./~		. ,	22d. ADI	RESS	10.	•			
TO FUNERAL DIRECTOR: After this certificate has been signed page 3 shauld be detached far use as the burial-transit permithe State Board of Health prior to burial, cremation, ar remark		_		WE JOSE	K'H	RE	NRIC	<u> </u>		e 45.1	W W	cons			
NER e 3 st State		230	BURIAL, CREMATIC		EOF	23e NA	ME OF CEMI	FTERY OR	CREMATORY		23d. LOCA	TION (C			
Page the Sk			Burial	1/17/6	1	Ced	lar H	111 (	Cemet	erv	Sui	tla			
5		24.	FUNERAL DIRECTOR	R'S SIGNATURE		ADD	RESS				'D BY REGIS	TRAR			
S (4)			Robert	A. Pumph	rev	Beth	nesda	. Mar	rvlan	DATE	ER N. 1 Q	'61			

Montgomery

b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a STATE b. COUNTY Marvl and Montgomery c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? Blvd. YES NO NO Month Yeor Day 15 an 19 61 IF LINDER 1 YEAR IF UNDER 24 HRS Months Days Hours 32 yrs 12. CITIZEN OF WHAT COUNTRY? US Address 2diter-same INTERVAL BETWEEN ONSET AND DEATH OITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 🗍 em 18.1 (County) (State) 196/\_, that (I) (we) last ouses and an the date stated above 22b DATE SIGNED (Stote) town, or county) nd Maryland
25b, REGISTRAR S SIGNATURE a. S. of S. Flines

TO HOSPITAL VR A 15M 9/59



### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

701

**CERTIFICATE OF DEATH** 

66224

									Keg. Dist.	. 140.	
PLACE OF DEATH					2. USUAL RESI	DENCE (WI	nere decease	d ived. If institute		before a	admission)
	<b>iontgomery</b>	•		ARYLAND	Maryl				Monte		
b CITY OR TOWN ( RURAL and give n	If autside carporate lim	its, write	c. LENGTH OF ST	TAY IN 1b	C CITY OR	TOWN (If o	iulside c <mark>orpo</mark>	orate l'mits, write R	URAL and giv	re neares	I fawn)
Dickerse	nRural		93	Vrs	Dick	cerso	n-Rur	al			
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital,	give street	address)		A. STREET A						IS RESIDENCE ON A FARM? (ES) NO
NAME OF	Fi	rst	Mad	idle	Los	1	4. DATE	Mar		Day	Year
(Type or print)	Charle		Spates	Butle			OF DEATH		2	20	19 61
5. SEX	6 COLOR OR RACE	7. MAR	RIED 🔲 NEVER MA	RRIED   B.	DATE OF BIRT			9. AGE (In years	Particular of the particular		UNDER 24 HR
Male	White	WIDOW	ED A DIVOI	RCED 🔲	Jan.	11-18	68	last93hday)	Manths D	ays H	lours Min.
Ou. USUAL OCCUPATION	ON (Give kind of work	dane 10b.	KIND OF BUSINES	S OR INDUST	RY 11. BIRTHPL	ACE (State	ar foreign c	ountry)	12. CITIZE	NOFW	HAT COUNTR
	king life, even if retired	4)			M.				11	s.	
3. FATHER'S NAME	Jwner				14. MOTHER'S	MAIDEN			1 0.	13 4	
or i Pilitain & Tanina					T-4. MOTHER 3	MINIBELLI	3/3/1h				
Charl	s_M.Butle			1		ranc	es Sp				
5 WAS DECEASEDEVE	R IN J. S. ARMED FOR (If yes, give wor or dates of	(managed)	SOCIAL SECURITY		FORMANT			Add		of an	
No		2	17-36-72	74 G	eorge	<b>Sutle</b>	r,pic	kerson-R	r.r.D.	Ma	
18. CAUSE OF DEA	ATH [Enter only one o	ause per li	ine far (a), (b), and	⟨c⟩.]		- 2		5			AL BETWEEN
PART I. DEA	TH WAS CAUSED BY:		n er on	2 18 20	10.00	c f.		6.4.		ONSET	AND DEATH
450			_000	Lacry.	Carlo	<u></u>	200			-	-
	DUE TO	3	17. /2		110					0	1/,
Canditions, if a gave rise to i		b)	und	sio	acce	110	رر			0	10
cause (a), stating		)									
lying cause last.	) (	c)									
PART II OTI	HER SIGN FICANT CON	ND TIONS	CONTRIBUTING TO	DEATH BUT N	OT RELATED TO	THE TERM	INAL DISEAS	E CONDITION G	EN IN PART	I(o) 19	WAS AUTOPS PERFORMED?
\$			3.74321	LIA	foren.	Ass.	an-				ES NO
20a. ACCIDENT WA	AS UNDERLYING TO CAUSE OF DEATH	20b. DES	CRIBE HOW INJUR	Y OCCURRED	(Enter nature o	if injury n	Part I or Par	rt fl of item 18.)			
	RY Manth, Day, Ye	20.4 I	INJURY OCCURRED	20- PLA	CE OF INUURY (	ham form	205 1/736	y ar fawn)	16	uniy)	(Stal
20c TIME OF INJUS	·	While		facte	ory, street, office	bldg., etc	.)	y ar rawny	100	uniy)	(3130
p m,	19	at wa	rk 🗌 at wark 🔲								
21. I certify th	at Lattended the	deceo	sed from . 2	an	£ C-91	T. to 2	dic 3	20 , 196/	thot I last	sow t	he decease
alive on 20	n. 19	19	1 . (1	ot death				the couses ar			
			1		occorred di			treet, city or lawn.		dole a	DATE SIGNI
ACTUAL	101-0	5 11	cal la				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		
SIGNATURE	ermen.	· HA	moune	<u> </u>	.D	277					
PHYSICIAN'S NAME (Type)	ernon c	. M	arter	15	6	Ger	man	long		1	ud
20 BUR AL CREMATIC			22c. NAME OF C	EMETERY OR	CREMATORY		22d LOCA	TION (City, tawn,	ar caunty)		(State,
REMOVA (Specify) <b>Buria</b>	1 1/24/6	51	Monoc	acy			Beal	lsville	Maryl	and	
3-FUNERAL DIRECTOR		:04	Barnesv	rille,	ма	24g. REC'	D BY REGIS	TRAR 24b, REGI	STRAR'S SIGN		
	,					DAIL T					

V5 A15 (4) 15M 9/5B

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

the registrar priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death,

mangerity !

hay be retained by the FUNERAL DIRECTOR: 3 should abod 9

PHYSICIAN'S

NAME (Type)

huriel

REMOVAL (6 pecty)

23 FUNERAL DIRECTOR'S SIGNATURE

S.H. Hines Co.,

220. BUR AL, CREMATION, 22b DATE THEREOF

Henry M. Lowden

VS A15 (4) 15M 9/58

22c. NAME OF CEMETERY OR CREMATORY Arlington Nat.Cem. 22d. LOCATION (City, town, or county)

Arlington. Virginia

(Stote)

(County)

IS RESIDENCE

ON A FARM?

YES NO T

Year

196

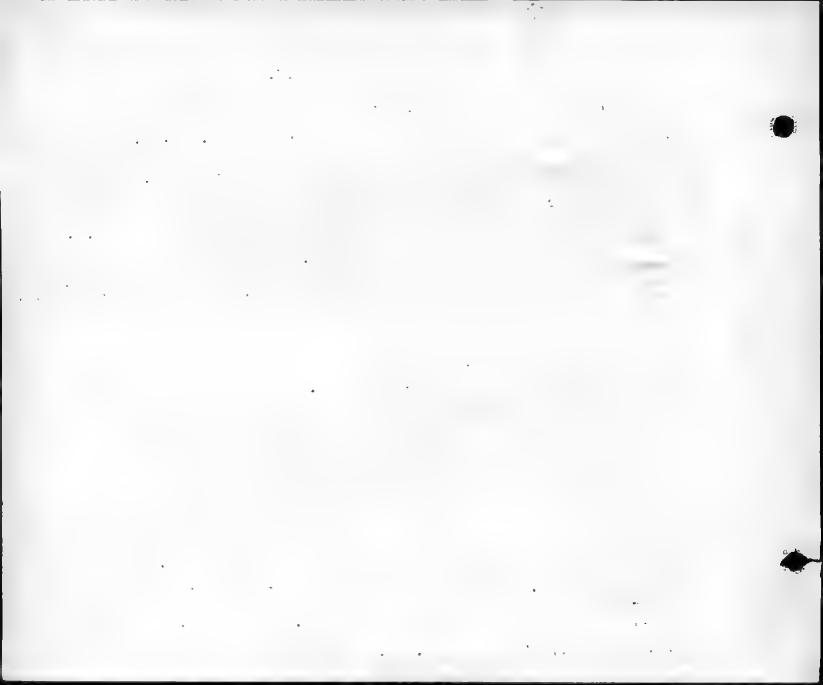
U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

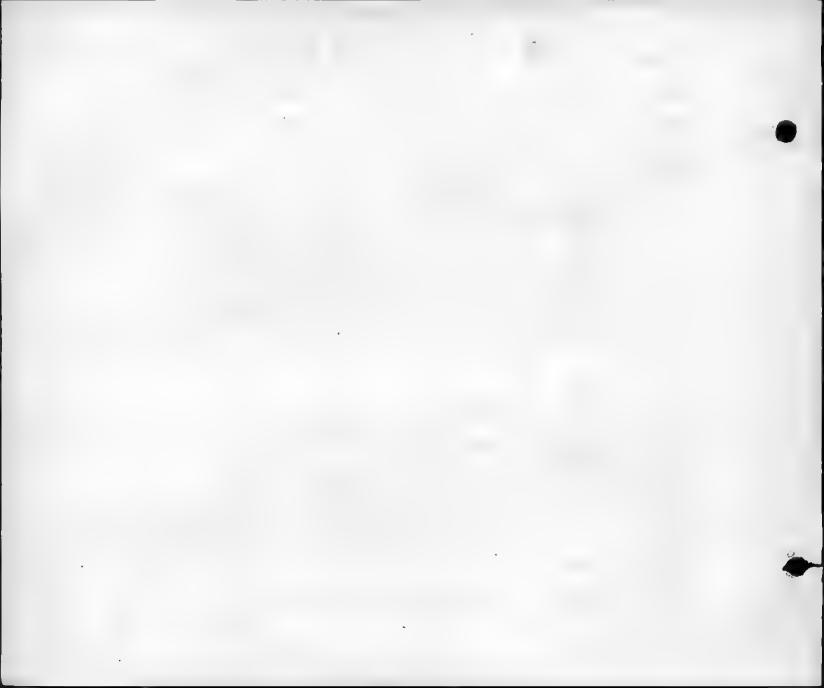
PERFORMED? YES NO 7

(Stote)

D. C. 240. REC'D BY SEGISTRAR 24b. REGISTRAR'S SIGNATURE **ADDRESS** 2901 14th St.N.W., Wash,



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
. / 1	783 CERTIFICATE OF DEATH Reg. Dist. No. 6676
Page J director illed with	1 PLACE OF DEATH O. COUNTY  MONTGOMEKY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) O. STATE  MARYLAND  D. COUNTY  MONTGOMEKY
funeral uld be f	b. CITY OR TOWN (If outside corporate limits, write of LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  TAKOMA  AKK
by refur	d. NAME OF HOSPITAL (If not in hospital, give street address)  ORANSTITUTION CARROL ALE.  ON A FARM?  YES   NO
filled in ges 1 cm	3 NAME OF DECEASED (Type or print) ANDREW D, H. CAMPBELL Death JAN 22 1961
d with seely s. Po	5. SEX MALE 6. COLOR OR RACE 7 MARRIED NEVER MARRIED   B. DATE OF BIRTH DISCUSSION DIVORCED   DIVORCED   DISC 23 1907 5 3 yrs   FUNDER 1 YEAR 1F UNDER 24 HRS   Months Doys Hours Min
and camp ban paper er death.	100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY TORONTO PAWADA United State
d eggi e	14. MOTHER'S NAME CATHLES & CAMPBELL CATHLES & CAMPBELL
ing physici	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address [Tes, no, or pennoyin]   If yet, give wor or doles at service)   ARS MAR JURY N. CAMPBELL (DAML AS #12
e death attendir on please	18. CAUSE OF DEATH [Enter only one couse per time for (a). (b). and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a).  (CAPDIO RESPIRATION FAILURE  INTERVAL BETWEEN ONSET AND DEATH
es that the cd by the mit. The any even!	Conditions, if ony, which ) (b) CORBNARY THROWN BOSIS
requires itan en signed insit perm and in a	gove rise to immediate couse (a) stating the under:  [ying couse lost]    Out to   Associated   MALIGNANT BRAIN TUMOR
for the form	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES NO
IAN: The fending planting plan	20a ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC of or at this cert r use as ematian	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)  Hour o. m. 19 of work of wor
ENDING he haspit R: After ached fo burial, cr	21. I certify that I attended the deceased from DEC / , 1960 to MW 22 , 1961, that I last saw the deceased alive on JAW, 12 , 1961, and that death occurred at 3 AT M, from the causes and on the date stated above.
trop of the delication of the	ACTUAL SIGNATURE STEEL PHUSTEAN M.D. 1/50 CONNECTION AUT 1/32/6
TAL AL Nov	PHYSICIAN'S ARTHUR P. HUSTEAD, M.D.
MOSPIT May be r Dege 3 si	220. BURIAL, CREMATION, 276 DATE THEREOF 22c HAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or country) (Stole)
VS A15 (4) 15M 10/57	22 FUNERAL DIRECTOR'S STENATURE ADDRESS ADDRESS DATE JAN 25 161 CALLING & FLORIST RAY'S SIGNATURE DATE JAN 25 161



1	-	MARYLAND STATE DEPARTMENT OF HEALTH										
		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, 784 CERTIFICATE OF DEATH										
funeral should		1. PLACE OF DEATH  COUNTY  2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edm ssion)  e. STATE  b. COUNTY										
4 hours by the f and 2 s death.		M. ONTGOMERY  b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)										
d we 2-	, } )	d. NAME OF HOSPITAL OF INSTITUTION (IF not in hospital, give stice) address).  SUBURBAN  3. NAME OF First Middle Lest 4. DATE Month Dev Year										
apert paper		OF OF OTHER CERNIGITA DEATH Jan. 7 19 6 1										
d con		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.										
cate be ian and ve cark		Female White WIDOWED X D. VORCED April 27 1881 76 yrs. Months Deys Hours Min.  10e. USUAL OCCUPATION (G ve kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (Caunty state, or foreign country)  12. CITIZEN OF WHAT COUNTRY?										
h certifi physic se remo	_	Italy  13. FATHER'S NAME  U.S.A 40 yr										
tending en please		Unknown  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown), (Ifyesgive-werordeles-of-service)										
ires that the sician.  d by the all permit. The or remova		No  Report Death [Enter only one couse per line for (e), (b), end (c).]  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE e)  Camilla Cerniglia (Daughter Same as Above)  INTERVAL BETWEEN ONSET AND DEATH										
law required sing phy en signeral signeral signeral semation,		Conditions, if ony, which by correspond thrombield blues										
N: The or aften or aften e has be the burial, cr		[6], stating the underlying DUE TO course lost. (c) artirio scleratic heart delace 5 types										
PHYSICIA the hospital his certificat I for use as I	O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G.VEN IN PART II.  PREFORMED?  YES NO  OR CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH										
DING ned by After i letached of Hea		20c. TIME OF INJURY Month, Day, Year Annual Month, Day										
retai TOR TOR Dept.		21. I certify that (I) (this hoppital) attended the deceased from March. 18 to Jane. 19.6 (that (I) (we) last										
OR A) may be DIREC should		saw the deceased alive on										
3.7	1	ATTENDING MED. STAFF DIRECTOR PHYS.										
HOSPITE ath. Page 4 FUNERAL ector, page		230. BUR AL, CREMATION, 236. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION)(City, Jown or county) (Siete)										
De Saga		24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS of 250. RECID BY REGISTRAR'S SIGNATURE										
YR A15 (4) 15M 9/60	6.	Thereny Chare time Have Wards DOATE JAN 11 '61 Ording & throng										



66378

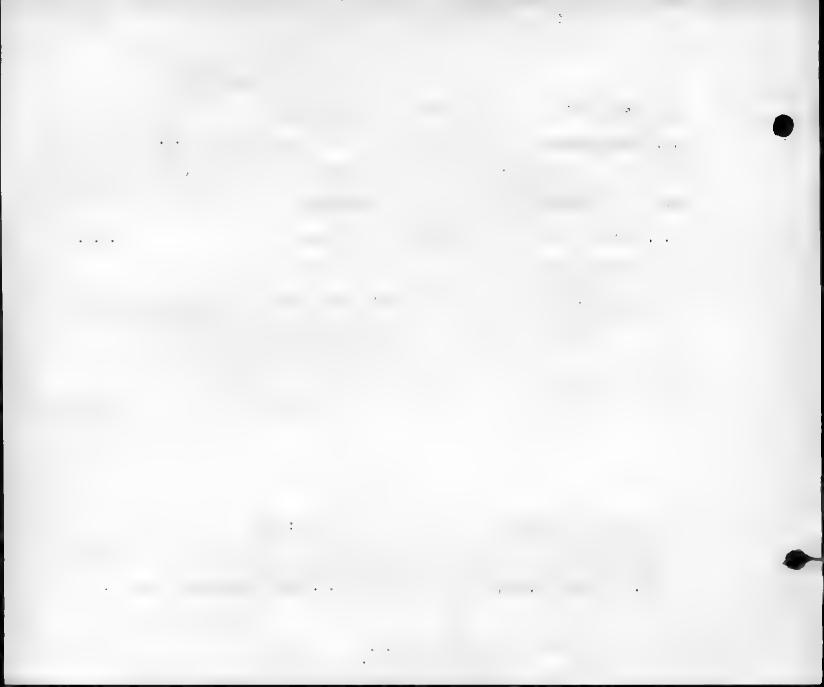
			900									
1		PLACE OF DEATH O. COUNTY Montgomer	v		MARYLAND	2 USUAL RESIDER 0. STATE Distric		Columb:	b. COUNTY		ce before c	idmission)
	Ŀ		outside corporate limi	ts write	c. LENGTH OF STAY IN 16			utside corporate		URAL and a	give negres	t town)
		Bethesda	(Rural)		6 days	Washin	gton				471	2
	c	<ul> <li>d. NAME OF HOSPITA OR INSTITUTION</li> </ul>	AL (If not in hospital, g	ive street o	oddress)	d. STREET ADD					10. I	S RESIDENCE ON A FARM?
7	_1	U.S. Naval	Hospital			103 Lo	ngfe.	llow St	., N.W		Y	ES 🔲 NO 🖔
		NAME OF	Fir	st	Middle	Last		4. DATE	Mar	ith	Day	Yeor
		DECEASED (Type or print)	Rol	bert	Edwin	CLARK		OF DEATH	Jani	ary	28	1961
	5. \$	SEX			IED NEVER MARRIED	B. DATE OF BIRTH		9 A	GE (in years	IF UNDER	1 YEAR IF	UNDER 24 HR
	1	Male	Caucasian	1		10-7-86		1 40	74 yrs	Months	Doys H	ours Min
	10o	USUAL OCCUPATIO	N (Give kind of work of ing life, even if retired)	done 10b.	KIND OF BUSINESS OR INDL	STRY 11 BIRTHPLAC	E (State o	or fareign countr	γ}	12 CITI	ZEN OF W	HAT COUNTR'
_		U.S. Mari			Retired	Iowa				1	U.S.A	
. `	<b>VI3.</b>	FATHER'S NAME			,	14. MOTHER'S M	AIDEN N	AME				
	)	Edwin Jam	es CLARK			Bert	ha I	nez BUR	KŒ			
	15		RIN J. S ARMED FOR		SOCIAL SECURITY NO 17.	NFORMANT			Add	ress		
	(,,,,,	Yes	WW I	5	79 09 9112 M	. Philip	Curt					
				use per lin	e far (a), (b), and (c).	1 7 1		Silve	er Spr	ing, I	ONSET	A. BETWEEN
		PART I, DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (d	. 0	unscard	I dul	our	Vin			130	nich!
		4-20.1	DUE TO		AA							
		Conditions, if or	ry, which )	1	1 Ton a con	VIA MOLA	_				160	110101
		gave rise to in	nmediate ( DUE TO								1	
		lying couse lost.	ue under-									
	z		) (c IER SIGNIFICANT CON		ONTRIBUTING TO DEATH BU	NOT RELATED TO T	HE TERMII	NAI DISEASE CO	NDITION GI	VEN IN PAR	T 1(a) 19	WAS AUTOPS
0	CATION	1777	ek sioitii ieruti eoit	01110110 E	OTTAL TO BELLET			THE DISTINCT CO		, _, , , , , , , , , , , , , , , , , ,		PERFORMED?
		00 ACC/00 PL VIII 1444		001 0500	PIOF (10)1/ 11 11/01/ 0 001/001		.1 1. m		f 24 18 )			s No
		OR CONTRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURRI	:D (Enter nature of i	njury in r	ON OF FOR	r Hem 10 )			
	MEDICAL	20c TIME OF INJURY	Y Month Day, Yes	1	JURY OCCURRED 20s. P	ACE OF INJURY (He			own)	10	County)	(Stot
	AED	Hour a.m.	19	While at work	Not while	ctory, street, office b	ilog., eic.	1				
	~				ed the deceased fram.	100	201	62 . 7	08	30 6	S3 0 0	40.4
				ATT								
			ed alive an 1=6	20-	19_61 and that	death accurred	#* <u>-</u> 3-	MA from the	causes ar	nd on the	e date st	22b DATE
		220 SIGNATURE		1	14 )	M D. PHYS	ME	D _ S	TAFF X	2 (	0 61	SIGNE
		22c. PHYSICIAN'S	Lillano 13.	<u> </u>	XUN	M.D. PHYS  22d. ADDRESS		RECTOR   P	HYS X	1-2	<u> 28-61</u>	
1		NAME (Type)							. 70 979			
-		W.P.	Baker, LT,	MC,	USN	0.8.	Nava.	l Hospi	tal, Be	theso	la, Mo	4
	23a	BURIAL, CREMATIO	N. 236 DATE THEREC	F	23c NAME OF CEMETERY	OR CREMATORY		23d. LOCATION	(City town	or county)		(Stote)
	I	Burial (Specify)	2-1-6	Ļ	Arlington I	National		Arling	gton, N	/irgir	nia	
	24	FUNERAL DIRECTOR			ADDRESS	2	50 REC'E	BY REGISTRAR	256 REG	STRAR'S SH	GNATURE	
		TES FUNE	RAL HOME,	tth &	Mass. Ave.N.V		DATE I	AN 3 1 '61		Inthun.	9 45	
	-	1-1			Washington.	D-C	. 5/	WILL O I O	لاستباث	- when!	0	

may be retoined by the haspital ar attending physician

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-trans t permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 haurs ofter death. VR A15 (4) 15M 9/59

death. Page 4

ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs



DEPUTY

5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



# TOR STATE HEALTH DEPT. TO DEPUTY FIEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any consessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Egges 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form 143. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Board of Haalth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after each. V VS. A15ME

5M 7/59

### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1.0750

н		
	1. PLACE OF DEATH  • COUNTY  2. USUAL RES  • STATE	HDENCE (Where decessed fived, if institution: Residence before admission.  ### A
Н	Montgamery MARYLAND	md ments
	b. CITY OR TOWN (if orbide corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TO write RURAY and give nearest lown)	OWN (if outside corporate limits, write RURAL and give necess fown)
Н	1 ma 37 /15	heaton
	d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) d. STREET AD	
ı	2609 Blue Ridge Our 1260	G Bles Rider Cue YES NO FOR
	3. NAME OF First Middle Lost	4. DATE Manh Day Year
	(Type or print)	DEATH ()
	5. SEX OCOLOR OF RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH	19. AGE th years (IF UNDER 1 YEAR IF UNDER 24 HRS.
	MALE YILL WIDOWED DIVORCED 4-8-	1903 5 yrs. Months Days Hours Min.
-,		(State or foreign country) 12. CITIZEN OF WHAT COUNTRY
1.	done during most of working lie, even were tred)	na S c
K	13. FATHER'S NAME	AMOS NAME
	is more same	CODIN NAME
-	TS. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANT	eres
	(Yas, no or unkown) (Ifyesqivewerordelesofservice)	Address
П	763 1 64 IL 12-18-36-218 marie Co	Ker (wife) Illu 2
Т	PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) (Crowary declus	m
	H 2 O DUE TO	
	Conditions, if any, which (b)	
	gave rise to immediate causa DUE TO	
	causa last. (c)	<u>-</u>
	PART II. OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE CONDITION GIVEN N PART 1(8 19, WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGN.F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE  208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING  CONTRIBUTION CO	YES NO K
	208. EXTERNAL CAUSE WAS PRIMARY OF ONTRIBUTING   20 b. DESCR BE HOW INJURY OCCURED. (Enter nature of niture)	/ In Part   or Part    of Item 1B.)
	V feature street office bi-	na, farm, 20f. (City or town) (County) (State)
	Hour a.m. While Not While st work st work	1913 0161)
	21. I certify that I took charge of the remains described above, held an Autopsy	, Inspection A Inquiry A and in my opinion
	death resulted from: Natural causes 💢, Accident 🗍. Suicide 🗍. Hom	icide . Undetermined manner
	CHIEF MEI	DICAL EXAMINER [
	ACTUAL top 4 () Sweehart ASSISTAN	NT MEDICAL EXAMINER DATE SIGNED
	BIGNATURE M.D. DEPUTY M	AEDICAL EXAMINER 🖸
	NAME (Type) FLANK J. BLOSCHALT Address (	Street, city, town, or county)
2	228, BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, town, or country) (Sigte)
	REMADUAL (Specify)	Take It much
-	23. FUNERAL DIRECTOR ADDRESS 24	A. REC'D BY REGISTRAR   246. REGISTRAR'S SIGNATURE
	WW Chambers Co 14 Chapin It h &	JAN 16'61 Cirthur S. House



puo

3 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20c TIME OF INJURY MED

Hour o m While of work

PART I. DEATH WAS CAUSED BY:

Conditions, if ony, which

gove rise to immediate

couse (o), stoling the under-

lying couse lost.

Year 20d. INJURY OCCURRED Not while

of work

20e. PLACE OF INJURY (Home, form, | 20f. (City or town) foctory, street, office bldg., etc.)

ATERIOSCLENOTIC HEART

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?

20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.)

(Stote) (County)

YES NO

DATE SIGNED

(Stote)

INTERVAL BETWEEN ONSET AND DEATH

JAW II 1961 that I lost saw the deceased 1957. to 21. I certify that I attended the deceased from that death occurred at 7.2 P.M. from the causes and an the date stated above

**ACTUAL** SIGNATURE

18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ]

DUE TO

Doy.

IMMEDIATE CAUSE (o'

PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county)

REMOVAL (Specify) 23 FUNERAL DIRECTOR'S SIGNATURES

**ADDRESS** 

24a, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

5621

DATE AN 1 6 '61

Cirthur S. House

емома ottending deoth ā the ۵ gned physician buriol-tronsit been 550

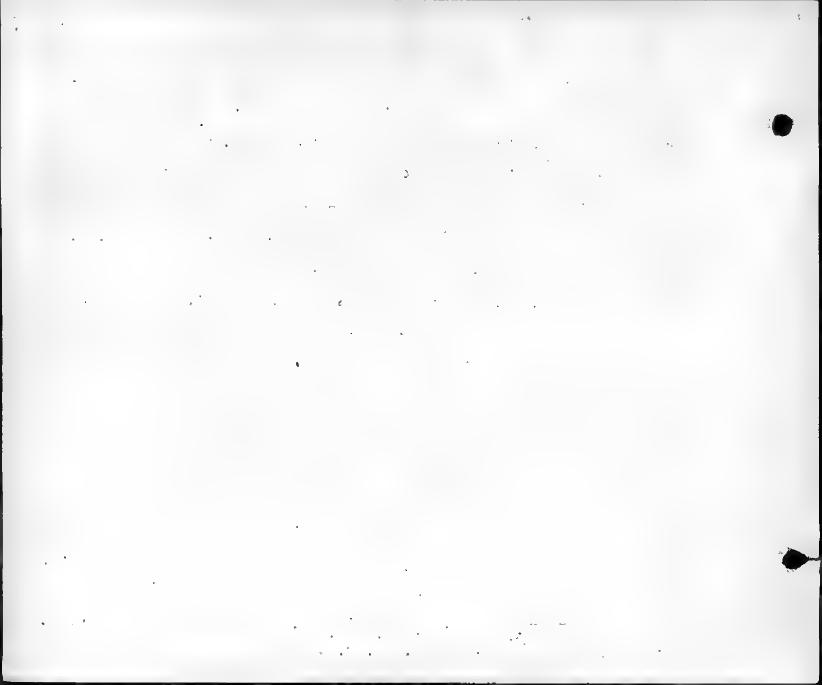
TO FUNERAL DIRECTOR: 3 should be retained pode VS A15 (4) ISM 9/58

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detached

prior

hill registror



### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

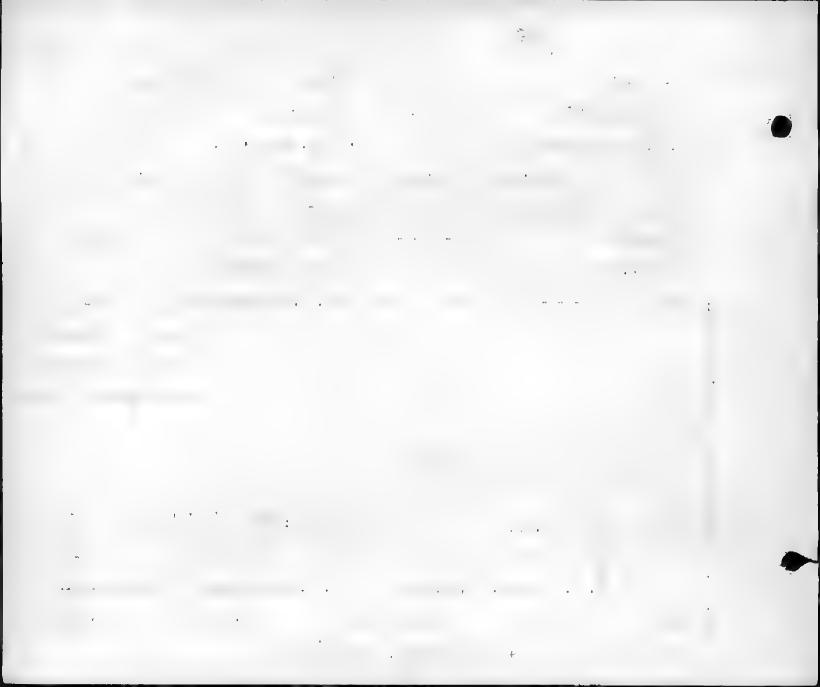
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66782

ás.	1. PLACE OF DEATH o. COUNTY			MARYLA		2. USUAL RESIDENCE (WI	tere deceased in	ved If institution	n: Res dence t	efore admis	sion)
and the same of th	Montgomery					Virginia		Arling			
	b. CITY OR TOWN (If RURAL and give ne	autside corporate limits arest town)	write (	c. LÊNGTH OF STAY IN		c CITY OR TOWN (If o	outside corporol	e limits, write RL	IRAL and give	nearest tow	n)
-	Bethesda (			116 days	S	Arlington					
ď	d, NAME OF HOSPITA	AL (If not in hospital, giv	re street od	(dress)		d. STREET ADDRESS		V	-X-		SIDENCE A FARM?
-	U. S. Nava	l Hospital			]	1727 N. Rho	des St				NO <b>E</b>
	3 NAME OF DECEASED	First		Middle		Last	4. DATE OF	Mont	h	Day	Yeor
}	(Type or print)	Flore	nce	Virginia	<b>a</b> .	COLLINS	DEATH	Janu	ary '	7	19 61
	5 SEX	6 COLOR OR RACE	7 MARRIE	D NEVER MARRIED		DATE OF BIRTH	9	AGE (in years	IF UNDER 1 Y		
	Female	Caucasian	WIDOWED	DIVORCED [	<b>-</b> 1	4-22-81		10st birthdoy)	Months Da	ys Hours	Mm.
	10a. USUAL OCCUPATIO	N (Give kind of work do			INDUS	TRY 11. BIRTHPLACE (Stote	or foreign coul	ntry)	12 CITIZEN	OF WHAT	COUNTRY?
	Housewife	ing life, even if retired)				Mic hig	an		139	SA	
	13 FATHER'S NAME	·				14. MOTHER'S MAIDEN N					
	John J. T	ONKIN				Virginia	WORSTON	2			
	15. WAS DECEASED EVER	IN U. S. ARMED FORC		OCIAL SECURITY NO.	17, IN	FORMANT		Addre	ess		
	Yes, no. or unknown) (	If yes, give wor or dates of ser	1	one	(H	Robt. H. Co	llins,	same as	#2 abo	ove	
j	18. CAUSE OF DEA	TH [Enter only one cou	se per line	for (o), (b), and (c).						NTERVAL B	
4	PART I. DEA	TH WAS CAUSED BY:	Do	1+0~ 501	A7.	L'a Ver	I Im	2000	(	ONSET AND	DEATH
į	12A A	IMMEDIATE CAUSE (o)	73	THE PARTY OF THE P		7-10-1-10-10-10-10-10-10-10-10-10-10-10-1	71 01			24	-3_
2	77.82		-	. 1 -	7	\ i :	+ .	1 - 1 /	1 1	218	
3	Conditions, if or		-V	acture.	(1)	Herryvechous	MIC	he G	417	7 84	CO2
4	couse (o), stating t		I	40	ì	( - ~	1 1	f	7	1 2	C nd d
	lying couse last.	) (c)		The pus	T. C	Boratine 2	HO PSICH II	recourt	or Kegyi	22 2	7 176
	Z PART IT OTH	ER SIGNIFICANT COND	ITIONS <u>CO</u>	INTRIBUTING TO DEATH	- BUT	NOT RELATED TO THE TERM	INAL DISEASE (	ONDITION GIVI	en inupart 1		AUTOPSY ORMED?
3										YES [	NO 🔽
디	200. ACCIDENT WA OR CONTRIBUTING U (IF EITHER, NOTIFY	S UNDERLYING [] 2 CAUSE OF DEATH	POB. DESCR	RIBE HOW INJURY OCC	URRED	(Enter nature of injury in	Port I or Port I	of item 18)			
7		MEDICAL EXAMINER)									
7	3 20c. TIME OF INJUR	f Month, Doy, Year				CE OF INJURY (Home, form ory, street, office bldg., etc.		r town)	(Cou	nty)	(State)
4	Zoc. TIME OF INJURY	19	While of work	Not while	100	ory, sireer, orrice diog., erc	1				
E	· · · · · · · · · · · · · · · · · · ·	t (IV /) has been tents	attondo		C. T.	Sept 13 10	60	Ton 7	10 61	that Of	from V. Imak
3				1061	umi	Sept. 13 1:12					
3	220 SIGNATURE	ed alive an Jan	la- of	1703. and fr	nar a	eath accurred at	in, rram r	ie causes an	a an rne a		
ץ. ע		17/201	CT.	11		ATTENDING M	ED.	STAFF		1 -7-	DATE SIGNED
7	22c PHYSICIAN'S	EDUCE !!		+ + (		D. PHYS DI	IRECTOR .	PHYS K		T-1.	-O.L
•	NAME (Type)	T ST METER	काता र	T. MC. USN		U. S. Nav	rel Hom	sitel P	ethaed	a MA	
)		L. V. WILLE	1								
3	23a BURIAL CREMAT OF REMOVAL (Specify)			23c NAME OF CEMETE				ON (City, town, c		(Sta	
2	Burial	1-11-61	771	Arlington	Na.		Arlin	-		lrgini	.8.
Ē,	24. FUNERAL DIRECTOR'S	11/1	116	TODRESS !		40.	D BY REGISTRA	R 256 REGIS	TRAR'S SIGNA	ATURE	
	Twee Funer	al Home 28	47 W1		Are	lington DATE BA	1 1 0 '61	(1 71	0 40		

may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Baard of Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after death. death. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs. TO HOSPITAL C VR A15 (4) 15M 9/59



**CERTIFICATE OF DEATH** 

60783

PLACE OF DEATH O COUNTY Montgomery Maryland	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE b. COUNTY  Virginia
b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
Bethesda (Rural) 64 days	Norfolk
d NAME OF HOSPITAL (If not in haspitol, give street address) OR INSTITUTION	d STREET ADDRESS  e is residence on a farm?
U. S. Naval Hospital	7624 Sheryl Drive YES NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeor
(Type or print) Wilfred James	COLLINS DEATH January 31 1961
S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
Male Caucasian WIDOWED DIVORCED	14-7-28   lost birthday  Manths Days Haurs Min.
100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU	
Mariner  U. S. Navy	Florida USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM C. COLLINS  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO 117. IN	Levina SELLERS
(Yes, no, or unknown)   (If yes, give war or dates of service)   / / / /	Tyto Aings con St., Norioik,
Yes 1946-1960 UNKNOWN (W	) Mrs. Inex Collins, c/O Holzmiller
18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DELLICIONER	- Cell Jasama Imar.
190 0 DUE TO	Vec accessor
Condition is - To which \	
agve tise to immediate	
couse (a), stating the under. DUE TO	
lying cause last. (c)	
PART II. OTHER SIGN-FICANT CONDITIONS CONTRIBUTING TO DEATH BUT	I NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALTOPSY PERFORMED?
<u> </u>	YES NO 🔣
Z00 ACCIDENT WAS UNDERLYING ☐     OR CONTRIBUTING ☐ CAUSE OF DEATH     (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Port () of ilem 18 )
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED to P. Haur a. m. While Nat while of work at work	ACE OF INJURY (Home, form,   20f (City or town) (County) (State)
Haur a, m. While Nat while for	ctary, street, affice bldg., etc.)
21 I certify that (其 (this hospital) attended the deceased from	Nov. 29 19 60 Jan. 31 , 1961 that 10 (we) last death accurred at M, from the causes and on the date stated above
saw the deceased olive an Jan. 31 1961, and that a	death accurred atM, from the causes and on the date stated above
220 SIGNATURE	22b DATE
Vaull- Januerue L. H. Mc US	ATTENDING MED STAFF SIGNED PHYS 1-31-61
22c PHYS C AN'S	22d ADDRESS
P. G. LINAWEAVER, LT, MC, USI	N U. S. Naval Hospital, Bethesda, Md.
23a BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY O	
	wn Cemetery Norfolk Virginia
FUNERAL DIRECTOR'S S GNATURE ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S & GNATURE
W.W.Chambers Co., 1400 Chapin St.NW, Was	ShDC DATE

may be revained by the hospital ar aftending physic an.

TO FUNERAL DIRECTOR. After this cert ficate has been signed by the attending physic on and compretely filled in by the funeral director, page 3 should be detached for use as the bunal-transit memit. Then please remove corbon papers. Pages 1 and 2 should be filled will the State Board of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death.

**ATTENDING PHYSICIAN:** The law requires that the deoth certificate be executed within 24 ha*u*;

TO HOSPITAL

VR A1S (4) 15M 9/59

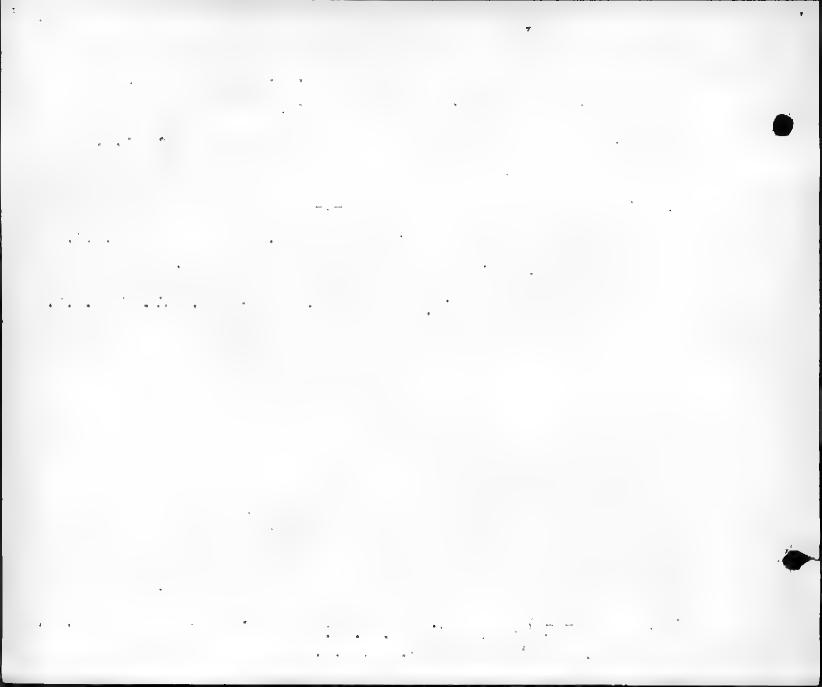


### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

791 CERTIFICATE OF DEATH

Reg. Dist. No.

1, PLACE OF DEATH		2. USUAL RESIDENCE (WI			dence before o	dmission)
o. COUNTY MONTGOMERY	MARYLAND	D. C.		OUNTY	l.	
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		, write RURAL o	nd give nearest	town)
KENSINGTON	26 DAYS	WASHI	NGTON		4 -	1 X .
d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION		d. STREET ADDRESS	21020		e /	RESIDENCE
CARROLL HALL SA	NITORIUM	624 H	VARTS ST	REET.		ON A FARM?
3 NAME OF / First	Middle	Lost	4. DATE	Month	Day	Year
(Type or print)  AVNIE	ELIZABETH	CORBLEY	OF DEATH	JAN	3	196/
5 SEX   6. COLOR OR RACE   7. MAI	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (I	In years IF UNI	DER TYEAR IF	UNDER 24 HRS
	VED TO DIVORCED	4-9-71	89	rthdoy) Manth	15 Days Ho	ours Min
10o. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	. KIND OF BUSINESS OR INDU			12.4	CITIZEN OF WH	IAT COUNTRY
HOUSEWIFE		PENNA.			U.S.A	
13. FATHER'S NAME		14 MOTHER'S MAIDEN			0710,101	
MICHAEL J. KEI	TV		MARGAR	EM HAC	Manuni Manuni	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16		NFORMANT	No settle state		STUY V	TACHLA MI
(Yes, no, or unknown) (If yes, give wat ar dates of service)	no Jo	SEPH T. COF	RELEY SR.			
IB. CAUSE OF DEATH [Enter only one cause per		SECTION DESCRIPTION	COLIBIA DILA	14 - 41 -	INTERVA	AL BETWEEN
PART I. DEATH WAS CAUSED BY		FIE HEAD	RT PISE'N	0 - 1 "	ONSET	AND DEATH
IMMEDIATE CAUSE (o)	1 E11 1020 22101	P10 7581	<u> </u>	120		
~ V 1 D						
Conditions, if any, which (b)						
cause (a), stating the under-	· colepalina	10700	+ / ED 18/			
Iying couse last   (c) (C)   Z   Part II. OTHER SIGNIFICANT CONDITIONS	ENERALIZED		30 LEROSI		DADT 1/ \ \10 \ W	MAC AL TOBOV
	CONTRIBLTING TO DEATH BUT	NOT RESALED TO THE TERMI	INAL D SEASE COND 1	ION GIVEN IN	' ' P	ERFORMED?
A COLUMN WAS AN DESIGNATED TO THE OWNER OF THE OWNER OWNER OF THE OWNER OWNE	SCRIBE HOW INJURY OCCURRED	D (5.1)	0 11 - 0 - 11 - 5 3	30.1	YE	s No Z
OR CONTRIBUTING (I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURT OCCURRE	u. (tinier nature of injury in	renii ar rom ii at item	1 118.7		
	1	ACE OF INJURY (Home, formatory, street, office bldg etc.	20f (City or town)		(County)	(Stote
	e Nat white are ork at work	and, and an an and	1			
21 I certify that I attended the deced	sed from DEC. 8	, 1960 , ta J	AN 3	1966 that I	last saw th	e decease
	51 , and that death					
1/	The state of the s		ADDRESS (Street, city of		THE GOIC SI	DATE SIGNED
ACTUAL SIGNATURE TO	while.	M.D. 520	6 NORKIN	LY OR		
PHYSICIAN'S NAME (Type)		CHEU	Y CHASE	ELUI		
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATION (City			(State)
REMOVAL (Specify)		T CEMETERY	WASHIN		Tr	(Sidie)
BURTAL 1=7=61	O ADDRESSWAS H.		11444444	GTON 6. REGISTRAR'S	SIGNATURE	/a (/a
7 Joal	Else					
FRANCIS J. COLLINS 3	DON'T TAPITO DI	. N.W. DATE	N 6 '61	Cathur	9 K	



be filed

ond 2 should

requires that the death certificate be executed within 24 hours

has been signed

may be retained by the Baspi TO FUNERAL DIRECTOR: After

VS A1S (4) 1SM 9/S8

page 3 shauld be detached the registrar priar ta burial,

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

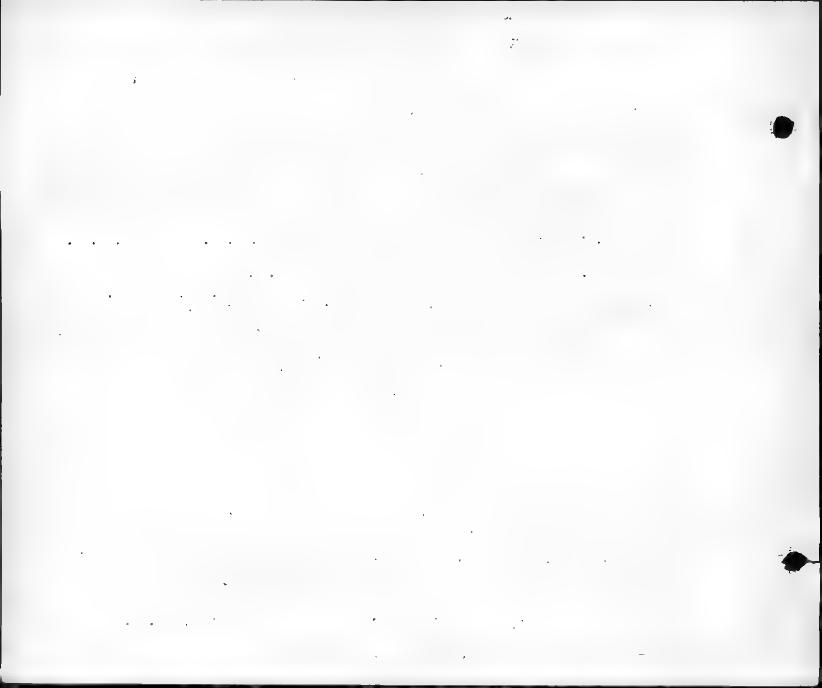
792

**CERTIFICATE OF DEATH** 

Rea. Dist. No.

	, PLACE OF DEATH a, COUNTY				DENCE (Where o	leceased lived. If institut		before admission)	
7	Mont.gome	יזיער	MARYLAND	d. STATE Virginia b. COUNTY Arlington					
	b CITY OR TOWN (If outside corpo RURAL and give nearest town)		c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)					
	Kensington		4 Months				8	3 X-3	
	d. NAME OF HOSPITAL (If not in h	aspital, give street a	ddress)	d. STREET A	DDRESS			e. IS RESIDENCE ON A FARM?	
7[	Carroll Habl Sani	tarium		1342 Sc	outh Col	umbus Stree	t	YES NO	
Ì	NAME OF DECEASED	First	las	4	DATE T Mo	ath	Day Year		
	(Type or print)	ALPH	Mc Daniel	Co	X	DEATH JANUH	RV i	20 196/	
	SEX 6. COLOR O	R RACE 7 MARRI	ED NEVER MARRIED	8. DATE OF BIRT	A	9 AGE (In years last birthday)		FEAR IF UNDER 24 HRS	
1	Male Whit	e WIDOWE	DIVORCED	June 26,	1879	81 yrs	Months Do	ays Hours Min.	
Ì	Oa. USUAL OCCUPATION (Give kind during most of working life, even	of work done 10b. K	CIND OF BUSINESS OR INC	USTRY 11 BIRTHPL	ACE (State or fo	reign country)	12 CITIZE	N OF WHAT COUNTRY?	
1	Retired Sgt. Wash		lice Departme	ent. Wash	ington.	D. C.	U.	o. A.	
	3. FATHER'S NAME				MAIDEN NAME				
Y	James L. Con	c		Mart.	ha G. J	emi son			
4	S. WAS DECEASED EVER IN U. S ARI	MED FORCES? 16 S	OCIAL SECURITY NO.	INFORMANT		Ade	dress		
1	No.		XXXXXX F	alph S. C		42 S. Colum			
ı	18. CAUSE OF DEATH [Enter on		Annahu Bil du Bil di Bil			THE COLL		INTERVAL BETWEEN	
ı	PART I. DEATH WAS CAU	SED BY	ARANARY	TH	ROUB	05/5		2 HOUR S	
IMMEDIATE CAUSE (a)  DUE TO									
١	Conditions, if any, which ]	(b) G6	ENERALIZE	ED AR	TERMS	CLEROSL	2		
ı	gave rise to immediate	DUE TO							
1	lying cause last.	(c) £	SSENTIAL	44	PERTU	ENSION			
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0)  SENIL (7)  20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18) OR CONTRIBUTING   CAUSE OF DEATH OR CONTRIBUTING   CAUSE OF DEATH OR CONTRIBUTING   CAUSE OF DEATH									
	Ž	.5	ENILITY					PERFORMED?	
	200. ACCIDENT WAS UNDERLYIN	G 🗆 20b. DESC	RISE HOW INJURY OCCUR	RED. (Enter nature a	f injury in Port	ar Port 11 of item 18 }			
١	OR CONTRIBUTING CAUSE OF	MINER)							
	20c TIME OF INJURY Month,	Doy Year 20d. IN		PLACE OF INJURY		Of (City or town)	(Cou	inty) (Stote)	
ı	20c TIME OF INJURY Month, I Hour a.m. p. m.	19 While at work	Nat while	foctory, street, office	e bldg., etc.)				
1	21. I certify that I attend			T 10 60	10.100	1 20 10/01	that I last	tow the decomposi	
	alive an JAN 20		, and that dea		5				
	dive di Stiff P. S.	17.52	, dila indi ded	iii accorred di		RESS (Street, city or town		DATE SIGNED	
1	ACTUAL Alleur	are Los	walke		5206	Morevou	100	1/2/161	
1	SIGNATURE	12011-		M.D	2 //		- 1 d	G 22- f 80 f	
	PHYSICIAN'S NAME (Type)				Cherry	· Chor, hu	d	′ /	
-	20 BURIAL CREMATION, 226 DATE	E THEREOF	22c, NAME OF CEMETERY	OR CREMATORY	22 <sub>d</sub>	LOCATION (City, town,	or county!	(State)	
	Burial 1/2	23/1961	Glenwood Ce	-		ashington,		(	
ŀ	3 FUNERAL DIRECTOR'S SIGNATURE		ADDRESS			REGISTRAR 246 REG		ATURE	

Everly-Wheatley Funeral Home, Alexandria, Virgini DAN 24'61



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND TO 2 CEPTIFICATE OF DEATH

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		793 CERTIFICA	IE OF DEATH
4	1. 1	PLACE OF DEASH MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before pdm ss on)  o. STATE (
	k	b. CITY OR TOWN (if outside corporate limits write c LENGTH OF STAY IN 16 RURAL one as we necessary swa)	CITY OR TOWN (House descriptions, write RURAL and give newest town)
0	L	of NAME of MOSPITAL (If not in hospito are street address) OFFICE TON LEONEN REST HOME, Gathershus	o. IS RESIDENCE ON A FARM? YES NO
	ı	NAME OF Active General Company of the Company of th	Pransfing 4. DATE Johnson Day Year OF DEATH Johnson 26 1964
	SS	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH  AMER - 7-1870  GO yrs   Grant   F UADER 1 YEAR IF JNDER 24 HE  Months Days Hours Min
	11	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	THE THE STRY II. BIRTHPLAGE (Stoke or foreign country)  HANGEMEN COLORS  12 CITIZEN OF WHAT COUNTRY  LEG STRY II. BIRTHPLAGE (Stoke or foreign country)
	13.	FATHER'S NAME ESSION	Juli Lorothy Crane
		WAS DECEASED EVER IN U. S. ARMED FORCES? In no. or unknown) If you give wor or dotes of service)	th H, Brisman, RI, garthershing, My
		18 CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c).]  PART I DEATH WAS CAUSED BY  JMMEDIATE CAUSE (o)	Stomach ONSET AND DEATH
		Conditions, if any, which) the Cancer of les	18 hears 7 years
		gove rise to immediate couse (a), stating the under- lying couse last.	
0	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AJTOPS PERFORMED? YES 1 NO
SATE.	CERTIFIC	200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)
	MEDICAL		ACE OF INJURY (Home, form, 20f. (City ar town) (County) (Stotory, street, office bldg., etc.)
		21 I certify that (I) (this hospital) attended the deceased fram	19-19-19-19-19-19-19-19-19-19-19-19-19-1
1		220 S GRANURE AS IN MILES	ATTENDING MED STAFF SIGNI
l .		22c PHYSICIAN S NAME (TYP) / LE & (AM C, M'144E R	7-Brocks on, gouthersburg My
	230	BUR AL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY O	100
	24	FUNERAL DIRECTOR'S SIGNATURE Jantinos Galliess	254 REC'D BY REGISTRAR 255, REGISTRAR'S SIGNATURE

death. Page 4 may be retained by the haspital ar attending physician.

TO FULEREL MIRECTOR: After this carrificate has bean signed by the attending physical and completely filled in by funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed—with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death. ITENDING PHYSICIAM, The law margines that the death cantificate be executed within 21 hours

VR A1S (4) 1SM 9/S9

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

director

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physician гетаче

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may be retained by the TO FUNERAL DIRECTOR:

VS A15 (4)

15M 9/5B

HOSPITA

page 3 shauld be

burial-transit peen

ā

and ء.



25b REGISTRAR 5 SIGNATURE

250 REC D BY REGISTRAR

VR A15 (4) ISM 9/59

ITEND III PHYSICIAN: The law requires that the death certificate bill emicuted within #4 hours

	PLACE OF DEATH B. COUNTY	MONTGOMERY		MARYLAND		USUAL RESIDENCE (WHO STATE MARY)		lived If institut b COUNTY			
	SILVER	(If outside corporate limits negrest 1000) SPRING	, write c. LENG Since	TH OF STAY IN 16 1928	1	CITY OR TOWN (IF G	outside corpor		RURAL and giv	re necires!	lown)
	d NAME OF HOS OR INSTITUTION	PITAL (If not in hospital, given 10,401 COLE		OAD	1	d. STREET ADDRESS 10,401 COLE	ESVILL	E ROAD			S RESIDENC ON A FARM ES NO
	NAME OF DECEASED (Type or print)	First BEATE		Middle W .	CR	lost OCKER	4. DATE OF DEATH	Mo JA	nth N.	Doy 15	Year 19
	FEMALE	WHITE	7 MARRIED N	DIVORCED 🗌	1/	17/02		9. AGE (In years lost birthday) 58 yrs	Months 0	loys H	ours Mi
0a	Teacher	TION (Give kind of work di orking life, even if retired)	Kensing High S	ton Junio	USTRY	New Yorl	or fareign ca	untry)		S.A.	HAT COUNT
3.	FATHER'S NAME	- W464			14	. MOTHER'S MAIDEN N		ew on			
_		n Woodford					D. MIH	Shierr			
(Ye	MAS DECEASEDE	VER IN U.S. ARMED FORC		-6570 MI	INFOR	erthur W. C		, 10,4ôï <del>Spring,</del>			e Rd.
	18. CAUSE OF D	EATH [Enter only one cou	se per line for (a)	(6), orgel (c) ]			/_	-	. /	I INTERVA	AL BETWEE
	PART I D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Marchall	alle car	cin	well Acid	ucke	y un I	10	.00	111 000
	170	DUE TO	0	1		7	(	-4			
	Conditions, if		Luciat	E ROLL	ac	anonula	+ co	ngeell	co		
	couse (a), statir	gove rise to immediate DUE TO									
7	lying couse los		Jack	uno							
OHY.	PART II C	THER SIGNIFICANT COND	THONG CONTRIBL	T NG TO DEATH BL	II NOI	RELATED TO THE TERMI	NAL DISEASE	CONDITION GI	VEN IN PART	P	ERFORMED
CERTIFI	OR CONTRIBUTION	MAS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206 DESCRIBE HO	W INJURY OCCURR	ED. (Er	iter noture of injury in I	Port I or Port	Il of item 18.)			
MEDICAL	20c. TIME OF INJ Hour o. m	1, 10	While Not			DF INJURY (Home, form street, office bldg., etc.		ar lawn)	(Ca	ounty)	(5
	21 I certify that (1) (this haspital) attended the deceased from. Aug. 1. 1957, to 15 Jan. 1961, that (1) (we)										
		ased alive an/1				accurred at S.C.					
	220. SIGNATURE	ucs X 92	lan	non	M.D.	ATTENDING Y MI		STAFF PHYS		/15/	22b DAT
	22c. PHYSICIAN'S NAME (Type		HARMON			9301 Cole	sville	Road,	Silver	Spri	ng, M
230	BURIAL CREMAT	1000, 235 DATE THEREOF	Lewin Yard	TO STATE P	OR CR	oyterian Ch	iren Lewi	nsville	or county) Virgi	nía	(State)

STEVER SPRING, MD.



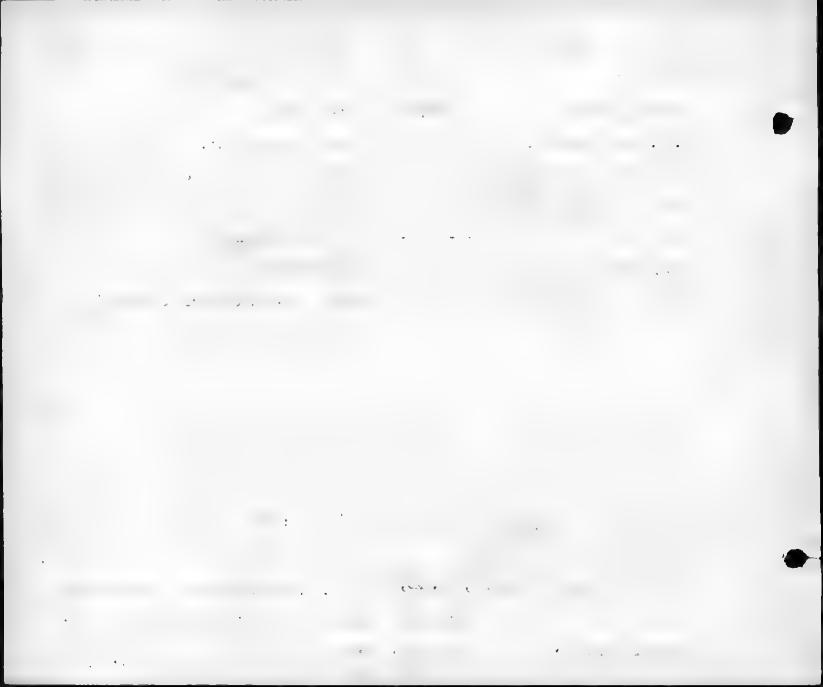


VR A15 (4) 1SM 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

		797 .	ina	CERTIF	ICA	TE OF DEAT	Ή			(	623	111
1. [	PLACE OF DEATH				1	2. USUAL RESIDENCE o. STATE	(Where decease	ed lived. If institution	on: Residen	ice befor	re admiss	ion}
	ontgomery			MAR	LAND	District	of Col					1
	CITY OR TOWN (I	f autside corporate lim	its, write	c LENGTH OF STAY	IN 1b	c CITY OR TOWN	(If autside corp	orate limits, write R	URAL and	give nec	rest town	i)
В		Rural)		9 days		Washingto	on		4	1-7	X.	-3
- 1	OR INSTITUTION	'At (If not in hospital, q	give street or	ddress}		d. STREET ADDRES	S			1		IDENCE FARM?
U	. S. Nava	l Hospital				1363 F S	treet,	N.E.			YES _	NO 🔀
3. 1	NAME OF DECEASED	Fi	rst	Middle	+	Last	4. DATE OF	Моп	th	Da	у	Year
	Type or print)	Les	aler			DANCY	DEATH	- Ventru		2		1961.
S. S	iEX	6 COLOR OR RACE	7 MARRIE	ED NEVER MARRI	ED 🔲	8. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER	Doys	IF UNDE Hours	R 24 HR5 Min
F	enale	Negro	WIDOWED	DIVORCE	D 🔲	8-2-03		57 yrs.	I TOTAL STATE OF THE STATE OF T	Doys	110013	343114
10 <sub>0</sub>		DN (Give kind of wark king life, even if retired		IND OF BUSINESS C	OR INDU	STRY 11. BIRTHPLACE (S	lote ar fareign	country)	12.CITI	IZEN OF	WHATC	OUNTRY?
_	ousewife				-		Caroli	na	U	ISA		
13.	13. FATHER'S NAME											
J	OLLY DRAKE	8				Cindy LY	ons					
15. (Yes		R IN U. S. ARMED FOR (If yes, give war or dates of		OCIAL SECURITY NO	). 17, II	NFORMANT		Add	ress			
	No		$\Delta$	0	(D	Mrs. Loss:	Le B. G	ilbert, s	ame a	S #6	2	
	18. CAUSE OF DEA	ATH [Enter only one co	ouse per inc	for (a) (b), and (c)	]	ക്ക /	//.	1			ERVAL BE	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	. XY A	Ano	ar	a Complete	lina	lion				
	464	DUE TO	3		$\cap$	$\lambda 11177$	4.1			.17	1 //	
	Conditions, if a			krom	Kro	Milely	lis		4	24	KO	ula)
	gove rise to i couse (o), stating		)			17	,					
	lying couse last.		c)			9						
o N	PART II. OTE	HER SIGNIFICANT CON	ID TIONS CO	DNTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE T	ERMINAL DISEA	SE CONDIT ON GIV	/EN IN PAR	(T 1(0) 1	9 WAS PERFO	AUTOPSY RMED?
CERTIFICAT		46										ИО □
RTIFI	200 ACCIDENT WA	AS UNDERLYING []	20ь. DESC	RIBE HOW INJURY C	CCURRE	D (Enter nature of injury	in Port Lar Po	ort II of item 18.)				
	(IF EITHER, NOTIFY	MEDICAL EXAMINER										
MEDICAL	20c TIME OF INJUR	RY Month, Doy, Ye		JURY OCCURRED	20e. Pt	ACE OF INJURY (Home, ctary, street, affice bldg.	form, 20f. (Ci	ty or town)	(1	(County)		(Stole)
MEC	p. m.	19	While at work	Not while at work		,,						
	21   certify the	at ( <u>&amp;</u> (this hospita	l) attende	ed the deceased	from.	Dec. 24	19 <b>60</b> ., to	Jan. 2	196	1. th	iat 🕮 (	we) last
		sed alive an JE	- 1			death accurred at	30PM tran	n the causes ar			- / -	
	220. IGNATURE	O		1 7								ъ. DATE SIGNED
	MILLER	and 1	ATE!	ber		M D PHYS	MED DIRECTOR	STAFF PHYS 🔀			1-3-	- <b>61</b>
	22¢ PHYSICIAN S NAME (Type)		<del></del>			22d. ADDRESS						
	INAME (Type)	William P	. BAKE	er, lit, MC	, ປຣ	U. S. I	laval H	ospital,	Bethe	sda	Md.	_
23a	BURIAL, CREMATIC		OF	230 NAME OF GEN	ETERY C			ABBLIFT ERP			C (Stol	e}
I	REMOVA. (Specify) Burial—Tra		Jt.	Mational /	Hear	ony Cometer	8/ Pri	nce Georg	\$e/09		Ma	
	FUNERAL DIRECTOR		4	ADDRESS	1111		REC'D BY REGI			GNATU		
S	angler Fu	meral Home	, 524	8th St. N	E, W	ashDC DATE	JAN 6	'61 a	rthug 2	. The	MAR.	



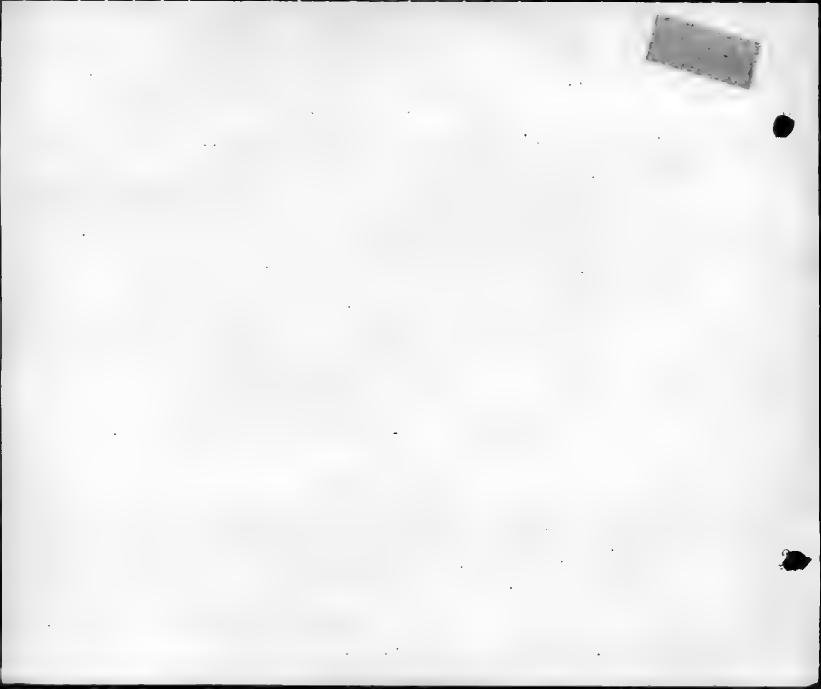
**BALTIMORE 1, MARYLAND** Division of STATISTICAL RES CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institutions Residence before admission) Page a. COUNTY <u>£</u> e. STATE b. COUNTY MARYLAND b. CITY OR TOWN c. LENGTH OF STAY IN 16 corporate frm ts, write RURAL and give neeres town) uild be executed within 24 hours after death. If any is neces in pencil in Item 18. Give Pages 1, 2, and 3 to the functer director. Your Food write RUR for Board & NAME OF HOSPITAL IS RESIDENCE ON A FARM? be retained State YES NO NAME OF OF DEATH DECEASED the th (Type or print) 19 WITH AGF (In years last big hday) years HE UNDER TYEAR IF LINDER 24 HRS age 5 may 1 and 2 with 72 hours at Months Days Hours WIDOWED 10a USUAL OCCUPATION (Give kind of work 12. CITÍZEN OF WHAT COUNTRY? PM3. Page done during most of working life, even if ratifed) pages 3. FATHER'S NAM 14. MOTHER S MAIDEN NAME ø This certificate should be executed within Flo Ē EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yas, no, or unkown) | (ifyasgiva waror datasofsarvica) ¥ïł× Iinknown 18. CAUSE OF DEATH [Inter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Office along ONSET AND DEATH burfal-transit DEATH WAS CAUSED BY: and middle IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if any, which (6) gave risa lo immadiata causa "pending" ro Examiner's DUE TO (a), stating the underlying cause last. nsed a Gemation, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED? lease execute the certificate, writing the word should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be NO X 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury In Part I or Part II of itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: CAUSE OF DEATH WEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) 20c. TIME OF INJURY Month, Day, Yaer (County) (Stata) factory, street, office bldg., etc.) 2 While Not White Hour a.m. at work at work Prior Inspection 🔀 21 I certify that I took charge of the remains described above, held an Autopsy Inquiry X. and in my opinion Natural causes X Suicide Homicide: Undetermined manner death resulted from. Accident CHIEF MEDICAL EXAMINER [ designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S DEPUL NAME (Typa) Address (Street, city, fown, or county) NAME OF CEMETERY OR CREMATORY 22a, BURJAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Specify) Rockville, Maryland Rockville Cemetery 40 ъ Burial <u>a</u> 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE VS. A15ME Bethesda, Maryland JAN 1 0 '61 Robert A. Pumphrey 5M 7/59 arthur & Kine

STATE DEPARTMENT OF HEALTH



VR A15 (4) 15M 9/S9

1	BLACE OF DEATH	, ,				2. USUAL RESIL	DENCE (Wh	ere deceased		ian: Residence bel	fore admission)
Г	a COUNTY	enterme.	114	MJ	LRYLAND	∥ "Me	ryla	ınd	b. COUNTY	Montgo	mery
-	b CITY OF TOWN (If	aufside carporale limi	ts/jerite	c. LENGTH OF ST	AY IN 15	CITY OR 1	rown (If a	utside carpor	ale limits, write R	RURAL and give no	earest tawn)
	A E D S / C	/		6 DA	V5	- CKe	nsin	gton			
$\vdash$	d NAME OF HOSPITA		ive street a	ddress]	/_	d. STREET A		BLOIL			e IS RESIDENCE
	OR INSTITUTION	1 1	. 1.		/	l a		tz Rd			YES TO NO TO
-	1100311	ogten 9	Arge	05 3000	tarian.	7 7404	MIGHT				YES NO K
3.	NAME OF DECEASED	/ Fir	si 🕜	Mid	dle	Los	l .	4. DATE	Mai	nth D	Day Year
	(Type or print)	rank	H		1)	efrie	5	DEATH	/		1961
5.	SEX	6. COLOR OR RACE	7 MARRI	ED 🕍 NEVER MA	RRIED 🔲	B. DATE OF BIRTI	Н		9. AGE (In years last birthdoy)	IF UNDER 1 YEA	
	m	4)	WIDOWE	DIVOI	CED []	8 m	20.18	279	8/ yrs.		Hours Min
10	a. USJA. OCCUPATIO	N (Give kind of work	dane 10b. K	IND OF BUSINES	S OR INDU	STRY 11. BIRTHPL	ACE (State	ar foreign ca	untry)	12. CITIZEN	OF WHAT COUNTRY
	7	ing life, even if retired	' ,	DETIDE	7		13000	Mies	souri	7	.0
12	FATHER'S NAME			EIIME	U	14. MOTHER'S	MAIDENIA		,0411		3 //
'"	n n n n n n n n n n n n n n n n n n n	1111.0	-			14. MOTHER 3	Ly	2	Rich		
<u> </u>	HU445	+ HINE +	ries					nary	81311		
	WAS DECEASED EVER	IN U.S. ARMED FOR If yes, give wer or dates of t	denoted	OCIAL SECURITY	NO 17 I	NFORMANT		shter		lress	* 4 40
	70		Ut	iknown	M	irs. Mar	rion	D. Ha	ill S	ame as	item #2
	18. CAUSE OF DEAT	TH [Enter only one co	use per line	for (9), (b), and	(c).] /	) \ 0		^		) IN	ITERVAL BETWEEN
1	PART I. DEAT	TH WAS CAUSED BY	1 12	Kenal	4	silver!	(N	esteres	Deresu	(J	3 mas
1	1 4 6	DUE TO						/ / /			- A SACRETY
	Condition 1		51	m. 017	Value	count	2,5-	1,2.0			7 478.
	Conditions, if on gave rise to in	mediale		onger		COLICA	- CAC	feel	ma .		- /
	couse (a), stating t		)	0				1			
l_	lying cause last.	) («	)(								
0	PARY 1 OTH	ER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO	DEATH BU	T NOT RELATED TO	THE TERM!	INAL DISEASE	CONDITION GI	VEN IN PART 1(0)	19. WAS AUTOPS' PERFORMED?
13		Drust	aloc	long,	195	7 (My	perhi	oplay	, leen	ign)	YES NO
18	20a ACCIDENT WAS	S UNDERLYING [	20b. DESC	RIBE HOW INJUR	COCCURRE	ED. (Enter nature a	f injury in	Pary I or Cort	IP of item 18.)	0	
CERT	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)									
13	20c TIME OF INJURY	Manth, Day, Ye	ar 20d IN	JURY OCCURRED	20e Pl	LACE OF INJURY (	Home, form	20f (City	ar lown)	(County	y) (Slat
MEDICAL	Havr a.m.	19	While	_ Not while		actory, street, affice				,	,
₹	p. m.	19	ot work	ot work					0		
	21 I certify that	t (I) (this haspita	l) attende	ed the deceas	ed fram.		19	34. ta	Jan 1 l	p, 19_62,	that (I) (we) la
	saw the decease	ed alive an Que	-13/	19 60, a	nd that	death accurre	d 0355	M, from	the couses a	nd an the da	te stated above
	220 S GNATURE	1000141		,							22b, DATE
	1 9	rules H	, Va	mon		M D. PHYS		ED.	STAFF PHYS	1./	/1/61 SIGNE
	22c. PHYSICIAN'S			1		22d. ADDR			11.1	-11	111
	NAME (Type)	PHILIP	H. VA	ARNER		10,62	20 40	, Que	, wh	ealon,	md,
-	- BURLAL CREMATON	1 171 DATE THERE	)E	22. NIAME OF C	CLIEFERY /	DO CBEMATORY		124 LOCAT	10N (Cab. 10		(51-1-)
23	REMOVAL (Specify)			23c NAME OF C	EMEIEKT (	JE CREMATORT			TÓN (City, tawn,		(Stote)
-	Burial	Jan.3,1	961_	Park	lawn	Cemeter	1 7		gomery		y, Md.
24	FUNERAL DIRECTOR'S		77	ADDRESS		343		D BY REGISTI		ISTRAR'S SIGNAT	URE
	ROBERT A	PIMPHE	KY	Rethe:	SCIA.	Md.	115	W 3 '6'		-1 0 2	



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before a. COUNTY **b.** COUNTY b. CITY OR TOWN (if outsite corporate limits. MARYLAND a LENGTH OF STAY IN 16 c CITY OR TOWN (fourside comparete limits, write RURAL end give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital IS RESIDENCE ON A FARM? YES NO Z 3. NAME OF DECEASED JR DEATH (Type or print 19 6/ DONE 5 SEX AGE (In years If UNDER I YEAR IF UNDER 24 HRS. . MARRIED ANEVER MARRIED lest birthdey) Months I WIDOWED | 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? physician done during most of working life, even if retired Engineered (Electrician) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5 aftendi 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) 18. CAUSE OF DEATH [Enter only one cause per line for te) (b), end (c) PART I, DEATH WAS CAUSED BY, MMEDIATE CAUSE .e. erebrol haemorrhage gave rise to immediate cause **DUE TO** (a), steting the underlying PART I. OTHER S GNIFICANT COND T ONS CONTRIBUTING TO DEATH BUT NOT RELATED CONDITION GIVEN IN PART IO 119, WAS AUTOPSY 206. ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part of Part I of Itam IB.)
OR CONTRIBUTING 1 CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20d NURY OCCURRED, 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) While Not While Hour a.m. et work 21. I certify that (I) (this hospital) attended the deceased from Vo 19N 25. 19.6% that (1) (we) last 25 1966, and that death occured a 367M, from the causes and on the date stated above. saw the deceased alive on.... 22e, SIGNATUR DATE 5 GNED DIRECTOR M.D. PHYS. death. Page 4 O FUNERAL 22d, ADDRESS 22c. PHYSICIAN' director, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) 236. BURIAL, CREMATION, REMOVAL Specify) CONYNGHAM, LUZERNE COUNTY, PA. CONYNGHAM CEMETERY 1/28/61 P 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 arthur & Thousa



# moy be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Board at Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death. death. Page 4 TTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours TO HOSPITAL

VR ATE (4) TSM 9/S9

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

801 CERTIFIC	CATE OF DEATH	66754
PLACE OF DEATH COUNTY  ACTIVE 14  MARYLA	2. USUAL RESIDENCE (Where deceased fixed. If institution: Residence of STATE MARYLAND b COUNTY )	idence before admission) IONTGOMERY
b CITY OR TOWN (If outside corporate limits, write RUNAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL of ROCKVILLE	and give nearest town)
d. NAME OF HOSPITAL/III not in hospital, give street oddress)	d STREET ADDRESS 12,113 HUNTERS LANE	o is residence on a farma yes \begin{align*} NO \begin{align*}
3 NAME OF DECEASED (Type or print) CUNICC TENKINS	Loss 4. DATE Month OF DEATH / /	Day Yeor - 196/
S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED UILA. 1 DIVORCED [	121 arch 1981 5 glost birthday) Mont	
10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired)  FICUSE FILE FILE  College Frateri		CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME  14. TOLER JE 11 K 115	14 MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  (If yes, give wor or doles of service, yes	Mr. Edward F. Devol, Jr., 12,112	
18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I, DEATH WAS CAUSED BY:  MMEDIATE CAUSE (c)  ARE 2 6 6 2 7	cinima of lilens	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which ) (b)	cal intertases	10 mers
gove rise to immediate couse (a), stating the <u>under-lying couse last.</u>   DUE TO		
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCC OR CONTRIBUTING 2040SE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter noture of injury in Port I or Port II of item 1B.)	
20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20 Hour o. m. While Not while of work of work of work	9e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, streel, office bldg., etc.)	(County) (State
21 I certify that (I) (this haspital) attended the deceased fr saw the deceased alive an	ram 4 3 1960, to 4 3 1, 1 hat death accurred at 4.M. from the causes and an	9/2/. that (I) (he) last
220 SIGNATURE / WASCELL 1? [62 , 6d	ATTENDING MED STAFF PHYS DIRECTOR PHYS	225 DATE 5 GNE
NAME (Type) RUSS + 11 B. Arrold	M.D. 22d ADDRESS Ed C/ COR + 1/16	Rock
23a BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETI	ERY OR CREMATORY 23d, LOCATION (City fown or soul	nty) (State)

BURIAL, CREMATION, 236 REMOVAL (Specific BURIAL 1/21/61 FAIRVIEW CEMETERY SILVER SPRING, MD.

25g. REC'D BY REGISTRAR

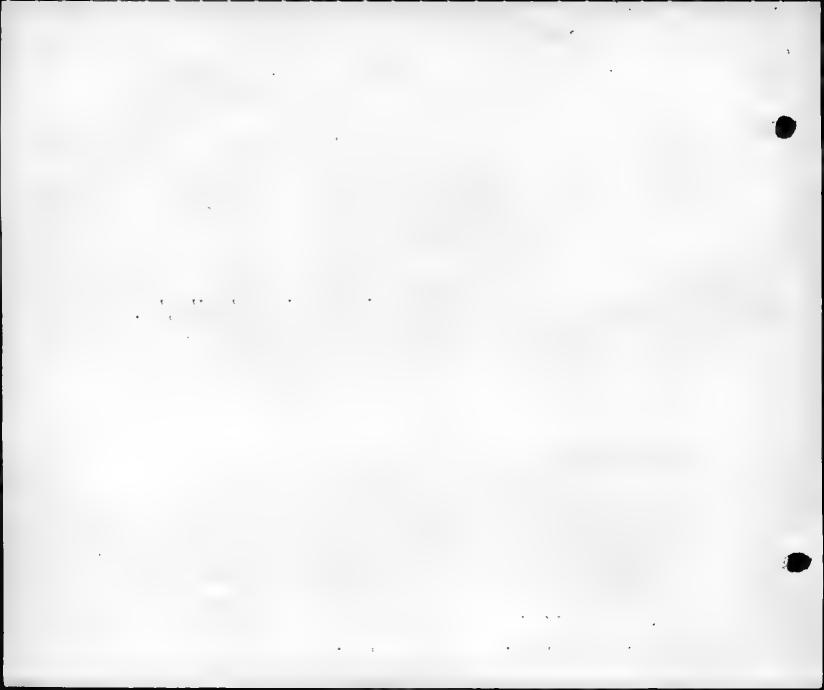
256 REGISTRAR'S SIGNATURE Cilwa S. Kruca

Indiana

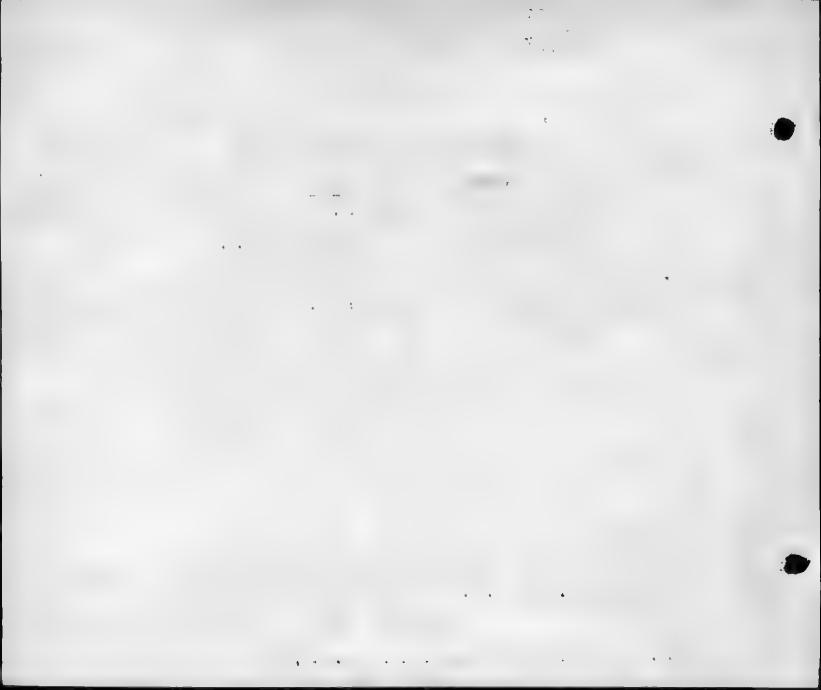
New Albany,

July 1

JAN 25'61



LAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 802 MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) funeral director, Page tained for your files. State Board of Health, a. COUNTY **b.** COUNTY Prince Georges Montgomery MARYLAND Maryland c. CITY OR TOWN (If outside corporate armits, write RURAL and give nearest lown) b. CITY OR TOWN (foulside corporale limits, c. LENGTH OF STAY IN 16 wr to RURAL and give neerest town) Seat Pleasant Takoma Park,
d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS **a.** IS RESIDENCE ON A FARM? State 113 68th Place. YES NOT Washington Sanitarium & Hospital NAME OF 4. DATÉ Year DECEASED OF with the (Type or print) DEATH January 19 Armande Joseph Di Gennaro 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED B. DATE OF BRITE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2 with Des 1, 2, and 3 Page 5 may ss 1 and 2 will in 72 hours last birthday) Months MIDOWED . Male 10a. USUAL OCCUPAT ON (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) Welder: Silver Spring America File pages | Iron Works Washing ton, D.C. Office along with form PM3. burial-transit permit, File page Mr. Nicola Di Gennaro | Rosa |
15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Rosa Palladini (Yas, no, or unkown), (If yos give werordates of service) WW 2 Army Wife: Mrs. Elvira Di Gennaro, same as above 18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c).] ONSET AND DEATH PART I DEATH WAS CAUSED BY: 10120 m21111715 48 IMMEDIATE CAUSE (a) **DUE TO** TOXETTIO (b) gave rise to Immediate cause (a), stating the underlying 98 Examiner causa last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TIGHT 19. WAS AUTOPSY CERTIFICATION PERFORMED? 3 execute the certificate, writing the word NO P YES T Medical should 208. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Hem 18.) PRIMARY PE or CONTRIBUTING TO Fluid explorded. Burning over 1/2 body forwarded to the Chief L DIRECTOR: Page 3 Month, Day, Year 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (State) 20c. TIME OF INJURY (County) factory, streat, office bldg., atc.) While / Not While at work at work Mordisonian 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry Z and in my opinion Accident . Suicide death resulted from: Natural causes . Homicide | Undetermined manner CHIEF MEDICAL EXAMINER T designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL 200 DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S pluods NAME (Type) John G. Ball, M. Address (Street, city, town, or county) 240 g VS. AISME 5M 7/59



o STATE

MARYLAND

MARYLAND

**b** COUNTY

Months

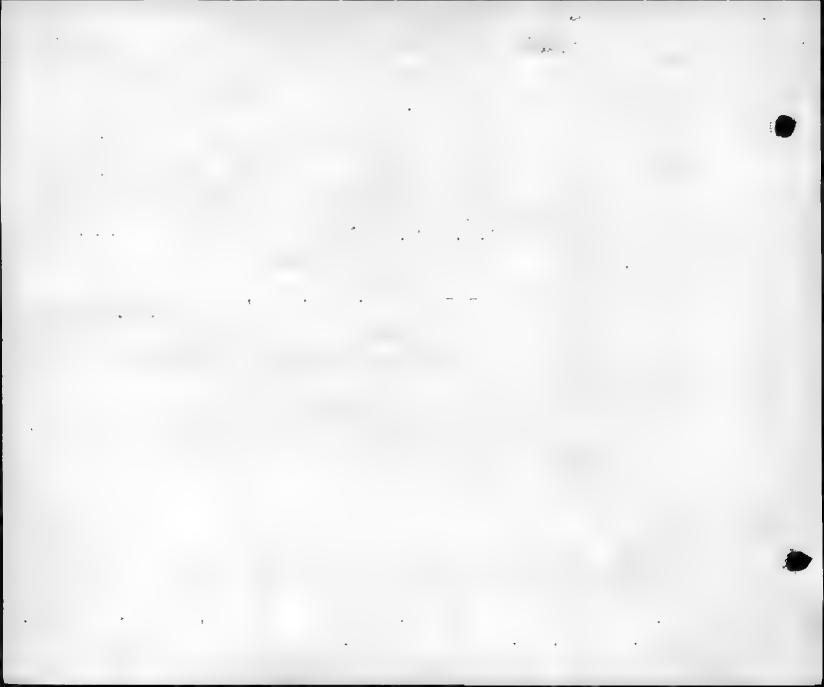
PLACE OF DEATH

. COUNTY MONTGOMERY

b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and ave negres! lower T NO SILVER SPRING d NAME OF HOSPITAL (If not in hospital, give street address) STREET ADDRESS OR INSTITUTION 4 BREWSTER COURT 314 BREWSTER COURT NAME OF Middle 4. DATE First Manth DECEASED DAVID ELLSWORTH DIXON DEATH (Type or print) 6 COLOR OR RACE 7. MARRIED 12 NEVER MARRIED 5 SEX 8 DATE OF BIRTH 9. AGE Up years lost birthday) MALE WHITE 4/19/94 WIDOWED [ DIVORCED | 66 10a USUAL OCCUPATION (Give kind of work done 10b, KIND-OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign cauntry) rchitectural Engineer MARYLAND U. S. Gov't. retired 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JAMES B. DIXON XHURBAR REPORTS xMorkicant 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Mrs. May M. Dixon. 314 Brewster Court no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any which gave rise to immediate **DUE TO** couse (a), stating the underlying couse last. PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month. 20d INHURY OCCURRED 20e PLACE OF INJURY (Home form, 20f, (City or town) Dov Year foctory, street, office bldg., etc.) Hour o. m. While Not while of work at work 21 I certify that (I) (this hospital) attended the deceased from ... 196, and that death accurred at 9 FM, from the causes and on the date stated above. sow the deceased alive on 22a, SIGNATURE ATTENDING PHYS MED DIRECTOR M D 22d. ADDRESS 22c PHYSIC AN page 3 shr the State B 23a BUR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City town, or county) BUR TAL (Specify, BATES MEM. CEMETERY SNOW HILL, WORCESTER COUNTY, MD. 256 REGISTRAR'S SIGNATURE SILVER 25a, REC'D BY REGISTRAR SPRING. MD. VR A15 (4) arthur & House DATEJAN 2 5 '61 15M 9/59

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) MONTGOMERY IS RESIDENCE ON A FARM? YES | NOY Year 19 (-IF JINDER 1 YEAR IF UNDER 24 HRS Days Hours 12 CITIZEN OF WHAT COUNTRY? U.S.A. KATHERINE HOHING Spring. Md. LINTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? YES NO TO (Stote) (County) 19.6. /, that (1) (we) last 22b DATE SIGNED

(Stote)



804

60797

		<del></del>
	PLACE OF DEATH o. COUNTY Montgomery Co. MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE b COUNTY
	b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and gure nearest town) Takoma Park, Haryland  - Week	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, DC
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) ORK Haven Nursing Home	d. STREET ADDRESS 1908— 17th Street S.E.  o. IS RESIDENCE ON A FARM? YES IN O
. ' } 3	NAME OF PIRST Middle DECEASED (Type or print)  ANNIE  M  M  M  M  M  M  M  M  M  M  M  M  M	DOERING 4. DATE Month 9 19 6/
	Female   6 COLOR OR RACE   7. MARRIED   NEVER	B DATE OF BIRTH  June 13- 1885  9 AGE (In years of FUNDER 1 YEAR IF UNDER 24 HRS)  Out birthday)  75 yrs.  Wonths Days Hours Min.
1	Outsual Occupation (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRIBUTION OF BUSINESS O	Washington, DC 12 CITIZEN OF WHAT COUNTRY?
	3. FATHER'S NAME Jonas Doering	14. MOTHER'S MAIDEN NAME Holon V. Wagner
	Yes, no, or unknown)   (If yes, give war or dates of service)	elen V. Gabson 1908- 17th St. E.E. Wash., Do
>	200 ACCIDENT WAS UNDERLYING (1) 200 DESCRIBE HOW INJURY OCCURRED	NOT RELATED TO THE TERMINAL D SEASE CONDIT ON GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES NO PORT IN OF PORT II OF ITEM 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
	220 SIGNATURE	19   19   10   19   19   19   19   19
	30 BUR AL CREMATION, 236 DATE THEREOF 236 NAME OF CEMETERY OR REMOVAL (Specify) 236 NAME OF CEMETERY OR SHOW A FUNERAL DIRECTOR'S SIGNATURE ADDRESS AD	national Surlland Manyland 250 REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
	wash 200	C. DATE JAN 11 '61 C. Chun Z. HARMS

may be retained by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremotion, or removal, and in any event, within 72 hours after death. TTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours TO HOSPITAL O VR A15 (4) 15M 9/59



death. Page 4

1 PLACE OF DEATH

24 FUNERAL DIRECTOR'S SIGNATURE

Burnard Baugavety & Lons

ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITAL

VR A15 (4) 15M 9/59

o. COUNTY	h	MARYLAND	a. STATE		b. COUNTY			is
	tgomery	~ -	New He		- 1- 1- 1- m	Line of the shall	411 127	-1
RURAL and give n	lf autside carporate limits, write earest town)		c. CITY OR TOWN (IF o	outside corpoi	rate limits, write K	UKAL DIE GIVE	Words w	m)
Bet	hesda	9 Days	Newar!	k		6-		ese***
OR INSTITUTION	TAL (If not in hospital, give street	·	d STREET ADDRESS				ON A	SIDENCE A FARM?
The	Clinical Cente	er .	200 Wes	equahi	c_Avenue		YES	] NO [A
3 NAME OF DECEASED	First	Middle	Last	4. DATE	Mon	th	Day	Year
(Type or print)	Bessie	(None)	Dolgan	DEATH	Janu		-	1961
5 SEX	6. COLOR OR RACE 7 MA	RRIED NEVER MARRIED	B DATE OF BIRTH		9 AGE (In years last, birthday)	Manths Da		-
Female	White wibov	WED DIVORCED	May 1, 1911		49 yrs	Manths Da	ys Hours	Min
100, USUAL OCCUPATIO	ON (Give kind of work dane 10)	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Slote	or foreign co	ountry)	12 CITIZEN	OF WHAT	COUNTRY?
Medical Te	king life, even if retired) Chnologist		New Jerse	ev		TI	SA	
3. FATHER'S NAME			14. MOTHER'S MAIDEN N					
Issac Dolgan Gussie Mendelsohn								
	R IN U. S ARMED FORCES?	6. SOCIAL SECURITY NO. 17 1	NFORMANT The Me	ed <b>ic</b> al	Recorded	The Cl	inica	1
(Yes, no, or unknown)	[If yes, give wor or dates of service]	None	Center, Bethes					
	ATH [Enter only one cause per		00110011 2001101		1 141 7 14		INTERVAL B	ETWEEN
		Sta. 1. 1. 1.	···· Carl		.00		ONSET AND	
1 17	ATH WAS CAUSED BY- IMMEDIATE CAUSE (o)	Staph ye or or	ous suppre	easu	w.		> C/CL	271
4 /	O X DUE TO	9 /	/.					_
Canditions, if a		2) ermation	mouts					
gave rise to i		2 1	1.11	./				
lying cause last.	(c) _(	accusoma	HAY Bre	031				
PART II OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	TEN IN PART 10	a) 19 WAS	AUTOPSY
PART II OTI								NO 🔲
	AS UNDERLYING [] 206. DE	ESCRIBE HOW INJURY OCCURRE	ED (Enter nature of injury in	Part Lar Par	t (I of item 18.)			
THE EITHER, NOTIFY	MEDICAL EXAMINER)							
Z 20c. TIME OF INJUI	RY Month, Day, Year 20d		LACE OF INJURY (Home, form		ar tawn)	(Cov	nty)	(State)
Hour a m	19 While	le Natwhile latwark	octory, street, office bldg., etc	:)				
			Toursey 30	47	T '	10 (7		
21 I certify the	at (I) (this haspital) atter	nded the deceased fram.	panuary 10 , 19	OL, ta	January .	.190J.	that (I)	(we) last
saw the decea	sed alive on January	193961, and that	death accurred at 2	M, from	the causes ar	d on the d		
220 SIGNOTURE	inB	Xxxxlina	ATTENDING M	5)	STAFF PHYS			26 DATE SIGNED
22c PHYSICIAN'S	ney/o. 1	) /ICE /VIEICOVY	AND PHYS DO	IRECTOR		hasa Ma		9/61_
NAME (Type)	Daniel B. Drac	hman, M.D.			ical Cen			
<u></u>			Institutes	5 01 H	ealth, Be	ethesda	اربللي	laryla:
23a BURIAL, CREMATIC REMOVAL (Specify	1	23c NAME OF CEMETERY C		23d LOCA	TION (City, tawn,	ar county)	(Sto	ate)
7 10 AC (Specify	TAN. 12 196	1 HEBREWCE	METERY	N/z	WARK		W 3	

250 REC'D BY REGISTRAR

DATE AN 2 3 '61

25b REGISTRAR'S SIGNATURE

C they & Thomas

ADDRESS

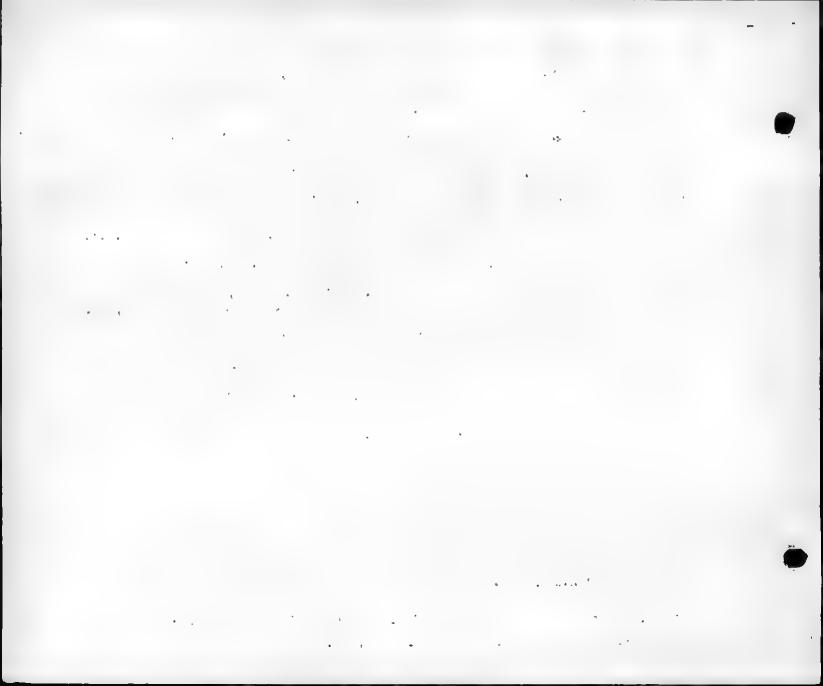
3501-14 ST. NW.



Division of STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STAT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission) e. COUNTY Page b. COUNTY director. Pay MARYLAND N auls de carparele l'mils, write RURAL end gry LENGTH OF STAY IN 16 Ö State Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? retained YES NO DE 3. NAME OF M dala DECEASED ÔF 1 (Type or print) DEATH 1961 wiik 6. COLOR OR RACE MARRIED NEVER MARRIED IF UNDER 24 HRS. S. SEX AGE (In years IF UNDER 1 YEAR) lest birthday) and Months 4 5 h ( and 7 WIDOWED [ 10a. LSUAL OCCUPATION [Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? hours aft Page done during host of working life, even if retired; in pencil in Item 18. Give Pages 1, within. BUIL ace 13. FATHER'S NAME with form PM3. IN L.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no\_or unkown) | (If yesgive wer or deles of service) 18 CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN along fransit i ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Office burial Conditions, if eny, which peve rise to Immediate cause 100 DUE TO (e), steting the underlying Examiner cause lest. pesn PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,911 19, WAS AUTOPSY Z 0 PERFORMED? 2 NO Medical D 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, IEnter neture of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Writing Chief age 3 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, † 20f. (City or town) (County) (Slate) feetory, street, office bldg., etc.) While Not While He He et work et work ease execute the certificate, should be forwarded to the FUNERAL DIRECTOR. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection ( Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner 1. CHIEF MEDICAL EXAMINER [ designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY EXAMINER'S NAME (Type) Address (Street, city, town, or county) 224. BURIAL, CREMATION, LOCATION (City, town, or country E40 P 240, REC'D BY REGISTRAR | 245, REGISTRAR'S SIGNATURE VS. A15ME Outhur S. Krana 5M 7/59

4 1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



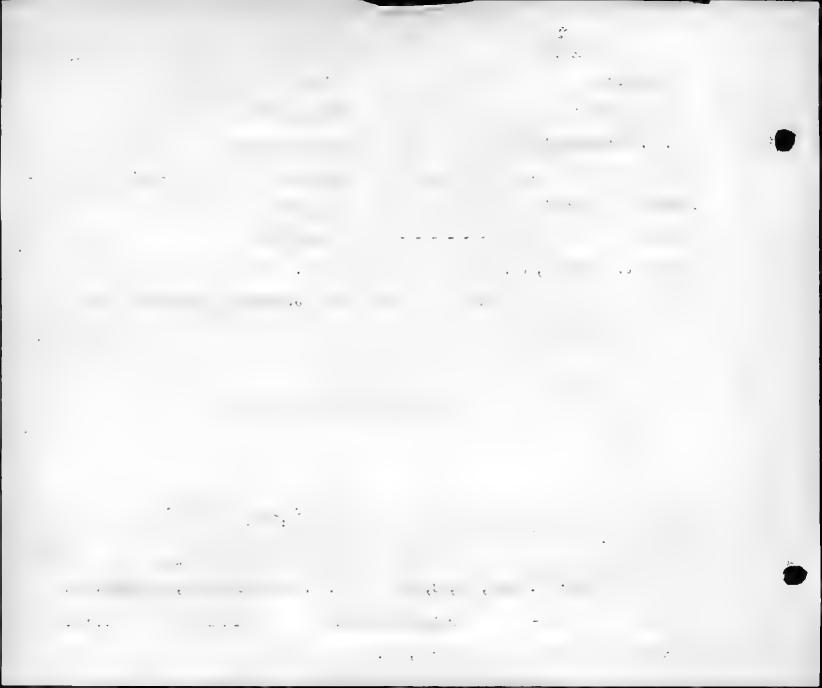
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- 2413	- CERTIFICA								
v	MARYLAND	2 USUAL RESIDENCE (WI o. STATE Virginia	here deceased lived. If institution, b. COUNTY	Residence before admission					
outside corporate limits	, write c LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
(Rural)	17 days	Falls Chur	Falls Church						
		d. STREET ADDRESS	73	1-3 e. is residence on a farmy yes \ no 1					
	44.446								
Jo	Anne	D(0)(1819)(A)Y	OF DEATH Janu	ery 5 19 <b>61</b>					
6 COLOR OR RACE	7 MARRIED NEVER MARRIED	B DATE OF BIRTH		FUNDER I YEAR IF UNDER 24 HI					
Caucasian	WIDOWED DIVORCED	12-23-49	iosi biringoy)	Manths Doys Hours Min					
ON (Give kind of work do	one 106 KIND OF BUSINESS OR INDL	STRY 11 BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTR					
king lite, even it retired)		Marylan	d.	USA					
DONNELLY, J	R.	Eva J. JE	TER						
		NFORMANT	Addres	5					
in her. And we are an order or the		) Daniel J. D	onnelly, same a	s #2 above					
ATH   Enter only one cau	se per line for (o), (b), and (c) ]			NTERVAL BETWEEN					
TH WAS CAUSED BY	122 12 12 00	2. 2/12 - 11/4		ONSET AND DEATH					
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ny which i		: 7							
mmediale DUE TO	A LEAST TO	,		1 12					
lying cause last. (c) 2 Acc to tary to get out to the									
HER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN	IN PART I(a) 19, WAS AUTOPS PERFORMED? YES NO [					
CAUSE OF DEATH	206. DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in	Port I or Part II of item 18.)						
,,,	While Not while fo			(County, (Sto					
		December 19	60 to January	5 19 61 that 1/1 (we) Ir					
		2:2	M. from the causes and	, .					
	7			226 DATE					
rest to	1. Kark	M.D PHYS D	IRECTOR PHYS 5	1-5-61					
		22d ADDRESS							
Robert V. I	RACK, LT,MC,USN	U. S. Nav.	al Hospital, Be	thesda, Md.					
			Logi logit on it.						
IN, 236 DATE THEREOF	23c NAME OF CEMETERY C	OR CREMATORY	23d LOCATION (City town or	county) (State)					
1-10-61									
1-10-61 s signature		ational	Arlington	county) (State)  Virginia  RAR'S SIGNATURE					
	TAL (If not in hospitol, given the product of the p	Course   C	Courside corporate limits, write corest town   Courside courside courside courside corporate limits, write corest town   Courside cours	Coultide corporote limits, write   Country   Country					

may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fulled in by the funeral director, page 3 shauld be detached for use as the burial transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be-filled with the State Board of Health priar to burial, cremation, or remaval, and in any event, within 72 hours after death. Her death Page 4 R ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 ha

TO HOSPITE VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH

		809 BIVES				TE OF DEAT		AORE 1, A	AARYLAND		1 ()	20	9
1	PLACE OF DEATH a. COUNTY Montg			MARY		2. USUAL RESIDENCE (Vo. STATE Mary)	ar	1d	b. COUNTY	Monte	omer	T	
	b CITY OR TOWN (if outside corporate limits w RURAL and give nearest town)  Bethesda  d. NAME OF HOSPITAL (if not in hospital, give s OR HISTITUTION BUDURDAN HOSPITAL			c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (I  Rockvill d. STREET ADDRESS		itside corpor	ate limits, write R	URAL and		IS RES	SIDENCE FARM?
3	Suburbs	an Hospital		Middle		100 North	100 North Street			th	Day	YES [	NO K
	(Type or print)	Fran	ık	David		Dorsey		OF DEATH	Jan	uary	2		1961
5.	M	6 COLOR OR RACE	7 MARI WIDOW	RIED MEVER MARRIE  ED DIVORCEI	_	B. DATE OF BIRTH Oct. 28,/		001	9 AGE (in years last birthday) 76 yrs	Manths		Hours	Min
10	during most of work	N (Give kind of work of ing life, even if retired)		kind of Business of ailroad Rep		Pooles		-			IZEN OF V	WHAT	OUNTRY?
13	FATHER'S NAME	Willia	m Do	rsey		Unknown	I N		a Hamilt	on			
		R IN U. S. ARMED FOR If you, give wor or dotes of s		SOCIAL SECURITY NO		rold S. Dors	ey	r	Add 100 Nort		eet_		
CATION	Conditions, if or gave rise to in cause (a), stating I lying couse lost.	TM WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO ty, which n mediate the under-	DITIONS	2 /	TH BU	T NOT RELATED TO THE TER	MIN	NAL DISEASE	CONDITION G	EN IN PAR	ONSE 3	T AND	AJTOPSY DRMED?
205 ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH   UIF EITHER, NOTIFY MEDICAL EXAMINER)								(	County)	165	(State)		

21 | certify that (I) (this haspital) attended the deceased fram and that death accurred a 1.45 M. the deceased alive an from the causes and an the date stated above

MD. 22d. ADDRESS PHYSICIAN'S NAME (Type)

(State) /

22b. DATE SIGNED

BULLAL, CREMATION, DATE THEREOF

23c NOME OF CEMETERY OR CREMATORY

250 REC'D BY REGISTRAR

23d

25b REGISTRAR'S SIGNATURE

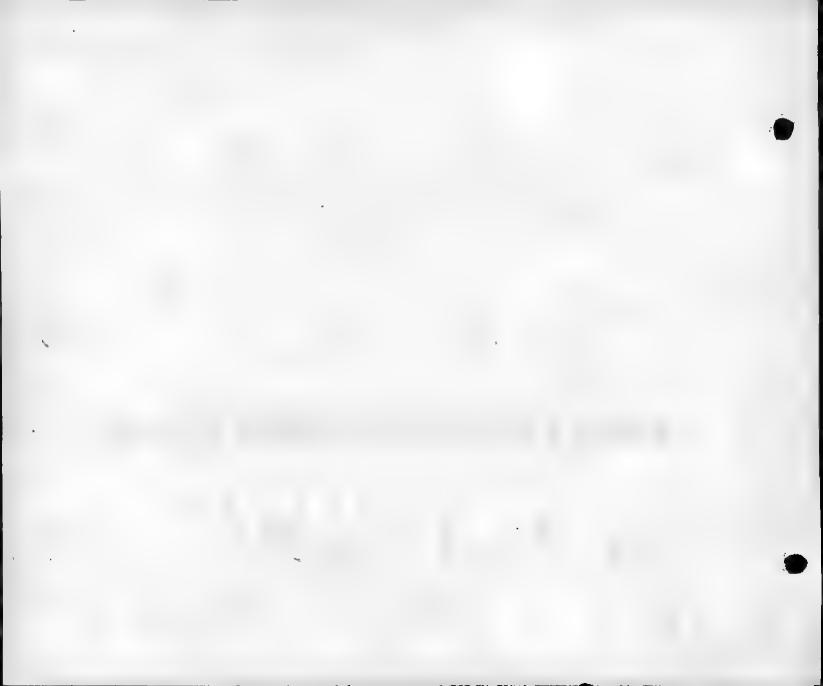
24 RUNERAL DIRECTOR'S SIGNATURE

MED. DIRECTOR

STAFF PHYS

arthur & Kines

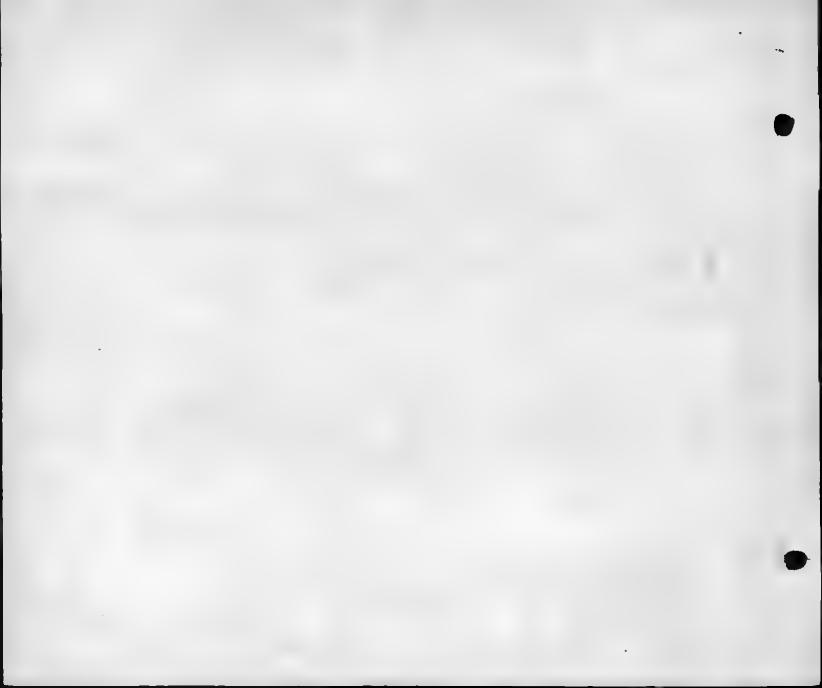
TO HOSPITAL



**BALTIMORE 1, MARYLAND Division of STATISTICAL RES** O MEDICAL EXAMINER'S 2. USUAL RESIDENCE (Where decreased lived, if institution: Residence before admiss on) 1. PLACE OF DEATH . COUNTY and 3 to the funeral director. Page and 3 to the funeral director. Page any be retained for your files.

2 with the State Board of Health, a. STATE MARYLAND E LENGTH OF STAY IN 16 c. CITY OR TOWN (If delside corporate limits, write RURAL and give nearest town) IS RESIDENCE ON A FARM? YES NO NAME OF DATE DECEASED OF ge 5 m. and 2 with (Type or print) DEATH COLOR OR RACE 7, MARRIED 5. SEX AGE Years HE UNDER 1 YEAR JE UNDER 24 HRS. NEVER MARRED last bighday) [ Months I WIDOWED T DIVORCED This certificate should be executed within 24 hours after in pencil in Item 18. Give Pages 1, 2, Office along with form PM3. Page 5 106, KIND OF BUSINESS OR INDUSTRY 12. CIT, ZEN OF WHAT COUNTRY? dona during most of working life, even if retired) pages EATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17 (Yes, no, or unkown) - (If yes give war oz dates of sarvice) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Office along bur.al-transit PART & DEATH WAS CAUSED BY: Bud IMMEDIATE CAUSE (a) DUE TO 98 pesn eq cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE PERFORMED! please execute the certificate, writing the word NO Madical pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part I or Part I, of Iem 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. WEDICAL EXAMPLER: Chief (7) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) 20c. TIME OF INJURY Month, Day Year (County) (Stata) Page factory, street, office bldg., etc.) Not While Whila Hour e.m. at work at work should be forwarded to the FUNERAL DIRECTOR: P. prior 21 I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion Homicide [ Undetermined manner Natural causes Accident Suicide I CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER DEPUTY NAME (Type) Address (Street, city, town, or county) 22d. LOCATION (City, town, or country) 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL CREMATION (State) REMOVAL (Spacify) **Arlington National** Arlington 30/1961 Burial 0 40 8 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS VS. A15ME Bethesda, Maryland Robert A. Pumphrey Cirthury & Track 5M 7/59

LAND STATE DEPARTMENT OF HEALTH



FOR STATE uld be executed within 24 hours aft death. If any deconsery, in pencil in hem 18. Give Pages 1, 2, and 3 to the funeral arector. Page Office along with form PM3. Page 5 may be retained for your files. Durial-transit permit. File pages 1 and 2 with the State Board of Health, lovel, and in any event-within 72 hours after death. 3. NAME OF 5. SEX Office along with buriel-fransit permi removal "pending" Medical Examiner's cremation, CERTIFICATION tesse execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, crematically compared to the control of the control MEDICAL EXAMINER: designated DEPUTY 0 b <u>~</u>40 VS. ATEME 5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) a. COLNTY 5. COUNTY ...arvland Montgomery MERVIEND c. CITY OR TOWN (If outside corporate limits, write RURAL and give represt town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest fown] Pochville (rural) Rockville d. NAME OF HOSPITAL OR INSTITUTION ('I not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Seven Locks Road Seven Locks Boad YES TO NO TA Midd e DATE Month Year DECEASED OF 19 61 Louise Jan. (Type or print) Martin Dove DEATH 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. [ast birthday] Months Days Hours female col. WIDOWED DIVORCED 10e USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland TISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clem Martin Merv Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1.16. SOCIAL SECURITY NO.1.17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordeterofservice) Frances Curtis (daughter) Item 2 18. CAUSE OF DEATH [Enter only one cause per rine for le), (b), end (c). INTERVAL BETWEEN POSELAND REATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) occlusion Coronary bed in **DUE TO** gave rise to immediate cause DUE TO (e), stating the underlying cause last, PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO 20a. EXTERNAL CAUSE WAS 205. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. 1 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stata) factory, street, office bldg., etc.) While Not While Hour a.m. at work et work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection K Inqu'ry X. and in my opinion Accident . Suicide Homicide Undetermined manner death resulted from: Natural causes X CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 1/25/61 DEPUTY MEDICAL EXAMINER X

NAME (Type) Frank J. Proschart

Address (Street, city, town, or county)

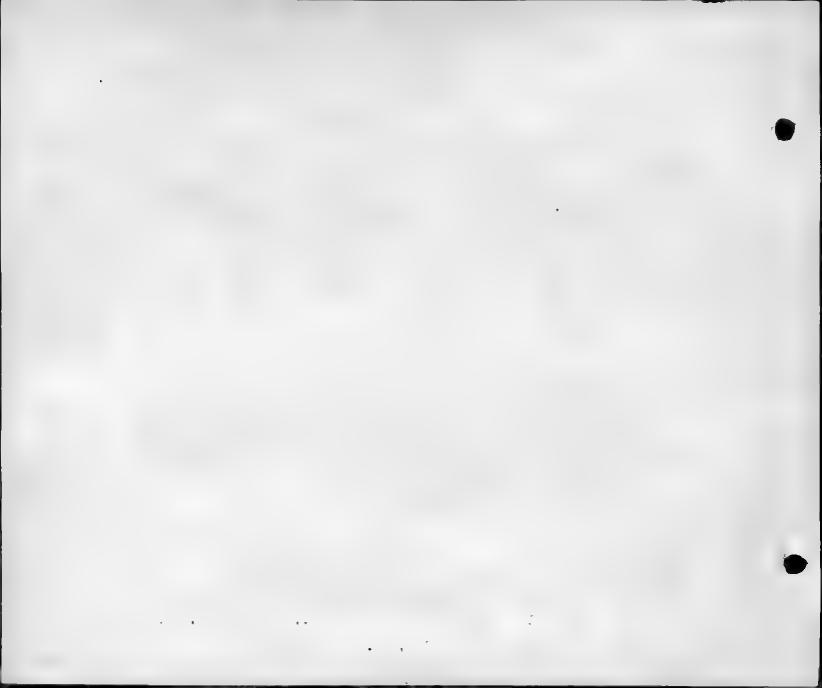
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country, REMOVAL (Specify)

Burial 1/29/31 Carver Memorial Park., Muirkirk, Md.

23. FUNERAL DIRECTOR // ADDRESS 24e. REC'D BY REGISTRAR'S SIGNATURE

3. FUNERAL DIRECTOR ROCKVILLE, Md.

246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
CITTURE & KINGE



		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STAFE		81 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT	. T.	PLACE OF DEATH   2. USUAL RESIDENCE (Where decessed fixed, if institution, Residence before edm ssion
₹ 8 ° ₹	XI -	Mont come set
Para Para Para Para Para Para Para Para		b. CITY OR TOWN If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA) and give neerest lower
¥ 8 8 8 8 4		write RURAL and five necrest is wn)
e Ang	1	Bethesus GUH X / OCKUITE
100 8 B	9	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  d. STREET ADDRESS  ON A FARM?
y de uner ined ined str.	/	Juburban K.F. 4#2-Touble Trans YES NO
e fune fune staine State death.	3.	NAME OF DECEASED Helen Marion Midde Last A. DATE Month Dey Year
来 在 5 年 P		(Type or print) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
指表の作者	5.	SEX   6. COLOPIOR RACE 7. MARRIED NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In your IF UNDER 1 YEAR) IF UNDER 24 HRS.
2 v Z	-7	Fernale Why to WIDOWED DIVORCED 7/11, 17, 1915 Heal billiholey) Mapths Days Hours Min
10 10 10 10 10 10 10 10 10 10 10 10 10 1	10	a USUAL OCCUPATION Give kind of work   10b, KIND OF BUSINESS OR INDUSTRY   11. BIRTHPIACE (Stelle or foreign country)   112. CITIZEN OF WHAT COUNTRY
12 0 a c	/1	one during most of working life, even if refired)
4 hou M3. P M3. P pages within	13	FATHER'S NAME  14. MOTHER'S MAIDEN NAME
W Park		
E E E	15	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT  Address
W 17 17 9	ίΥ	as, no, or unkown) (Hyasgivewerordatesofservice)
		Her Runch
in the state of		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  Barbiturate poisoning  INTERVAL BETWEEN ONSET AND DEATH
× i o i o		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)  Barbiturate poisoning
2 5 9 7	1	970. 2 DUE TO
ould in p	7	Conditions, if eny, which " (b)
S S S S S S S S S S S S S S S S S S S		geve rise to immediate ceuse  DUE TO
o as a direction		(e), sletling the underlying Section (c)
Lise Call	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
a Formata	CERTIFICATION	PERFORMED? YES NO NO
W Selfan	5	20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I) of item 18.)
He Me	18	PRIMARY OF CONTRIBUTING PRIMARY OF CONTRIBUTING PRIMARY OF CAUSE OF DEATH.
N S S S S S S S S S S S S S S S S S S S		1 haticuly lating 1) - 1/2 in because Care at nome
1 1 5 8 5 E	MEDICAL	Hour e.m. White Not White factory, street, office bligg, atc.)
<b>大</b> 。星点 5	×	p.m. 19 of work at work
12 5 0 F		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inspection . Inquiry . and in my opinion
<b>発展を存在</b>		death resulted from. Natural causes Accident, Suicide, Homicide, Undetermined manner
Did and and and and and and and and and an		CHIEF MEDICAL EXAMINER .
te the forward forward seted as		ACTUAL THERE OF SIGNED M. ASSISTANT MEDICAL EXAMINER DATE SIGNED
PUTY EXECUTE IN UITED TO CONTRACT DE CONTR	7 📗	DEPLITY MEDICAL EXAMINER IN
SSI CAN	-	NAME (Type) FANK J. Broschatt Address (Street, city, town, or county)
DEPUTY IN Should be for FUNERAL Its designate	22	BURIAL, CREMATION, 22b. DATE THEREOF [ 22c. NAME OF CEMETERY OR CREMATORY   22d. LOCATION (CITY, fown, or country) (Siete)
O <u>0</u> 4 0 9		Burial 1/13/61 Rockville Cemetery Rockville, Maryland
A A	23	FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR   246. REGISTRAR'S SIGNATURE
VS. A15ME 5M 7/59		Robert A Pumphrey Bethesda, Maryland PAREN 13'61
Au 1/22		Robert A Pumphrey Bethesda, Maryland   DAHAN 13'61   Culling & France

TI-28-CI ams Film 479 MARYLAND STATE DEPARTMENT OF HEALTH

•

NAME (Type)

Reg. Dist. No. (1)800

_											
١.	PLACE OF DEATH a. COUNTY	Montgomery	MARYLAND	2. USUAL RESIDENCE (V. o. STATE Mary		b. COUNTY MOTE					
b. CITY OR TOWN (if outside corporate limits, with RURAL and give represent fewer)  Bethesda  D.O.A.				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  4.2 Bethesda							
		AL OR INSTITUTION (If not in hosp rban Hospital	ital, give street address)	d. STREET ADDRESS 9421 Bu	lls Run	Parkway		ON A FARMI			
3.	NAME OF		chfordwiddle	<u>`                                    </u>	4. DATE	Month	Day	Year			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DECEASED	THE STATE OF THE S				1041		10501111		Duy		war
(Type or print)	JOH	N RO	CKFORD	DWY	ER	OF DEATH	Jan.	26,	•	1	961
5. SEX	6. COLOR OR RACE	7- MARRIED TE	NEVER MARRIED	B. DATE OF	BIRTH			IF UNDE	RIYEAR	IF UND	ER 24 HRS
Male	White	WIDOWED [	DIVORCED [	Dec.	29,	1886	74 yrs.	Months	27	Hours	Min.
10a, USUAL OCCUPATIO during most of working	N (Give kind of work of life, even if retired)	ione 10b. KIND C	F BUSINESS OR IN					12. CI	TIZEN O	WHAT	COUNTRY
Retired		Resea	rch Ass	ocal W	ashi	ngton.	D. C.		U.	S.	

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

Sidney Harvey

DEPUTY MEDICAL EXAMINER

Phillip N. Dwyer EVER IN U. S. ARMED FORCES? 15. WAS DECEASED 16. SOCIAL SECURITY NO. 17. INFORMANT Wife Address Same as #2 Elizabeth H. No

,	18. CAUSE OF DEATH   Enter on	i. CAUSE OF DEATH: Enter only one couse per line for (o), (b), and (c).					
Į	PART I. DEATH WAS CAU IMMEDIATE		Coronary Occlusion	Sudden			
	420,1	DUE TO					
	Conditions, if any, which gove rise to Immediate cause						
	(a), stating the underlying						
	couse lost	4-9					

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO P

20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City ar town) (County) (Stole) factory, street, office bldg., etc.) a. m. Not while

at work at work 21. I certify that I taak charge of the remains described above, held on Autapsy ... Inspection be, Inquiry ond find that death resulted fram: Natural causes X, Accident , Suicide , Hamicide , Undetermined cause ...

ACTUAL

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER FRANK J. BROSCHART

Jan. 27, 1961

DATE SIGNED

220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) Washington D. C. 1/31/1961 Mt. Olivet Cemetery Burial ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Bethesda, Maryland Robert A. Pumphrey C then & Thomas

re Tog≡ 1, 2, Poge 5 moy 1 podes cute the certificate, writing the ward "pending" in pencil in Item 18. Gif farworded to the Chief Medical Examiner's Office along with farm PM3.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit.

YS. A15ME(5) 5M 9/55



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH or your files a. COUNTY e. STATE THE RESERVE b. CIY OR TOWN (if outs') c. LENGTH OF STAY IN 16 write RURAL and give hearast town) for your Board d. NAME OF HOSPITAL OR INSTITUTION (H not in hospitel, give street address) ould be executed within 24 hours after death. If any de in a pencil in lem 18. Give Pages 1, 2, and 3 to the funeral Office along with form PM3. Page 5 may be retained for burial-transit permit. File pages 1 and 2 with the State Bo moval, and in any event within 72 hours after death. 3. NAME OF Middle DATE DECEASED OF (Type or print) DEATH 5. SEX 7. MARRIED T NEVER MARRIES AGI lasy birthday) WIDOWED DIVOR D 10a USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAKEN NAME 15. WAS DECEASED EVER IN U.S ASMED FORCES? 6-232-22 DICAL EXAMINER: This certificate should be executed within 16. SOCIAL SECURITY NO.: 17. INFORMANT (Yes, no, or unkown) | (If yas give way or datas of service 1B. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).] PART I, DEATH WAS CAUSED BY: removal, and IMMEDIATE CAUSE (6) nound DUE TO Conditions, if eny, which (b) "pending" gava rise to immediate cause ease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's PUNERAL DIRECTOR: Page 3 should be used as a its designated agent, prior to burial, cremetion, or ren DUE TO (e), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY CERTIFICATION 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part I) of 1em 18.) PRIMARY [] or CONTRIBUTING [ CAUSE OF DEATH. 20d, INJURY OCCURRED 20s, PLACE OF INJURY (Homa farm, 20f, (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour e.m. et wark at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 🙀 death resulted from: Natural causes 53. Accident | Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, 22b. DAT THEREOF REMOVAL (Specify) ₹40 p Ft. Lincoln Cemetery burial Prince 290 Lookesth St. N.W. 23. FUNERAL DIRECTOR V5. A15ME The S.H. Hines Co. Washington 9, D.C. 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

2. USUAL RESIDENCE (Where decasted lived, If institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) . IS RESIDENCE ON A FARM? YES NO Year Month 196/ (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. Months. Days / Hours 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH PERFORMED? NO Y (County) (Steta) Inquiry 1/4), and in my opinion Undetermined manner THE RESERVE TO SERVE THE RESERVE THE RESERVE TO SERVE THE RESERVE 22d. LOCATION (City, lown, or country) Georges 246. REC'D BY REGISTRAR | 246, REGISTRAR'S SIGNATUR Circling S. Krous



Bethesda, Maryland DATEJAN 1 0 '61

VS A15 (4)

15M 9/5S

Robert A. Pumphrey

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea. Dist. No. U

Montgomery

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

Inwestle

PERFORMED? YES INO IN

(Stole)

Md.

б

US

(County)

Bethesda.

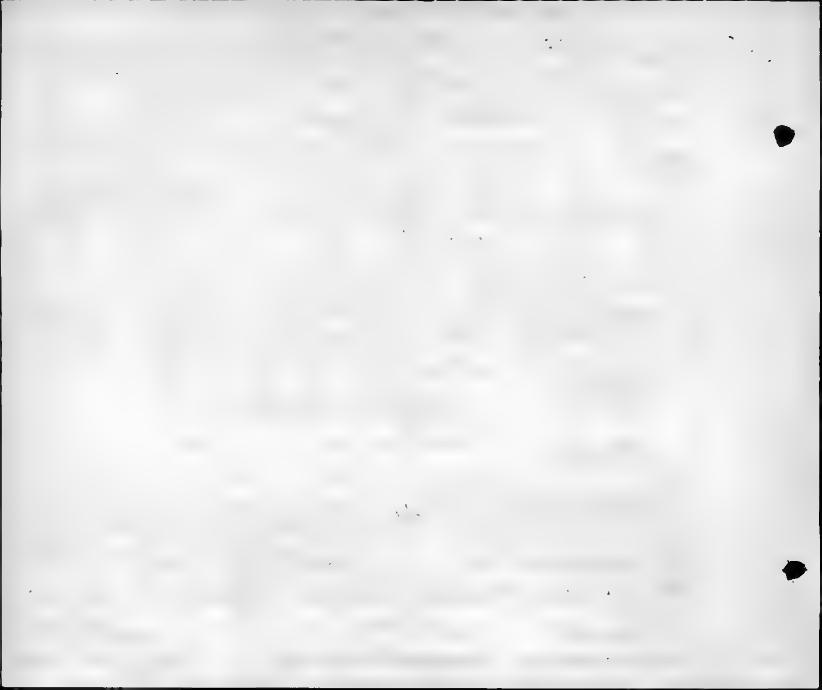
Orthon & Kime

IS RESIDENCE

YES NO TO

Year

19 61



ON A FARM?

YES 🔲 NO 🔽

Year

19

INTERVAL BETWEEN

PERFORMED? YES NO D

(Stote)

SIGNED

CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) **b** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY QR TOWN (If outside carparate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn) d. NAME OF HOSPITAL (If not in haspital, give street address) STREET ADDRESS Middle Month DECEASED OF DEATH (Type or print) 9. AGE (In years last birthday) IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED Manths WIDOWED [ DIVORCED USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. 8TRTHPLACE\_(Skale or foreign country) 112. C. TIZEN OF WHAT COUNTRY? during most of working life, even if retired) FATHER'S NAME 14. MOTHER'S MAIDEN NAME ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which ! gave rise to immediate **DUE TO** cause (a), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19 WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, | 20f. (City or town) Doy, Year (County) factory, street, office bldg., etc.) Hour a. m. While Not while at work at work 2) I certify that (1) (this haspital) attended the deceased from 201 and 1950, to Jum . 11 1961/ that (1) (we) last 5 1961, and that death accurred do AM, from the causes and on the date stated above

saw the deceased alive an Jan 22a 5 GNATURE

\* REMOVAL Septem(y)

230 BURIAL, CREMATION, 236 DATE THEREOF

M.D 22c PHYSICIAN S

23c NAME OF CEMETERY OR CREMATORY

22d. ADDRESS

1/16.

(Stote)

24. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS.

ATTENDING PHYS.

250 REC D BY REGISTRAR

25b REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR
page 3 shauld be detact VR A1S (4) ISM 9/59

be detach

director

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Pages

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completely filled

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physician S within remove

aftending pleose



# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		817		CERTIF	ICA	TE OF DEAT	ГН		R	leg. Di	st. No.	00	8î
1,	PLACE OF DEATH					2 USUAL RESIDENCE (\	Where deceas	ed fived. If it b. CO		Residen	ice befor	e admiss	ionj
	Lon	tromery		MARYLA	MD	Maryl	Land	B. CO	]	Mon	tgo	nery	7
	RURAL and give ne		its, write	c LENGTH OF STAY IN	1 JP	c. CITY OR TOWN (I			rite RUR	AL ond	give neo	rest town	1)
1				1 month		Silver S	pring	<u> </u>		<u> </u>			
	AD INICTITUTEAN	At (If not in hospital, of laverley				d. STREET ADDRESS 0411 Amhe	erst A	lve.,		1		ON A	FARM?
3.	NAME OF DECEASED	Fil	rsi	Middle		Last	4. DATE		Month		Da	/ 1	Year
	(Type or print)	Eleano	r	SHERMAN	E	wing	DEATI	н	Jan.		7	1	196]
5.	SEX	6. COLOR OR RACE	7. MARR	RED NEVER MARRIED	<b>K</b> ) 8.	DATE OF BIRTH 187	75	9 AGE (In	5 T		1 YEAR	IF UNDE	R 24 H
F	remale	white	WIDOWI	ED DIVORCED		ec.15, 150	Ŕ	last birth	5yrs N	Aonths	Days	Hours	Min
10	a. USJAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (Sto	ite or foreign	country)		12 CI7	ZEN OF	WHATC	OUNTR
	HOMEMAKER	mg me, even in rentec		OWN HOME		Washing	ton, D	. C.		Ţ	JS	A	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN							
Y	Charles !	Ewing			Virginia Miller								
	. WAS DECEASED EVER	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INF	INFORMANT Add				ress			
N		ii yaa, gaa woo oo baraa oo s		NONE	Mr. Allwine, Waverley Sanitarium,								
Г	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (o), (b), and (c)	3/							RVAL 8E	
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	is of	Who has	lei	en ing					0143	EI AND	DEATE
1	4-12	DUE TO		11 1.	1	1 /-	L						
	Canditions, if or	ny, which	1/1	nouve 1	2 -	tatatati	6 13						
	gove rise to in	nmediote (	0	11: 2 1 11 11									
	lying cause last.	) (c	166	muc a	1 th	aration.	la by	ca 1	6.15	10 x 1	1		
CATION	PART II OTH	ER SIGNIFICANT CON	IDIT ONS C	CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TER	MINAL DISEA	SE CONDITIO	N GIVEN	IN PAR	T 1(a) 1:	PERFO	RMED?
20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of Item 18.)													

OR CONTRIBUTING 

CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

and that death occurred at 5.1/25

TIME OF INJURY Day, Year

O R

p. m

20d. INJURY OCCURRED Not while

20e. PLACE OF INJURY (Home, farm 20f. (City or town) factory, street, office bidg, etc./

(County) (Stote)

that I ottended the deceased

at work at wark

19

that I last sow the deceased ADDRESS (Street, city or town, state)

ADDRESS (Street, city or town, state)

DATE SIGNED

ACTUAL SIGNATURE

MEDICAL

PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify)

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, ar county)

(State)

**DATE SIGNED** 

1/11/61 23. FUNERAL DIRECTOR'S SIGNATURE

**ADDRESS** 

ARLINGTON

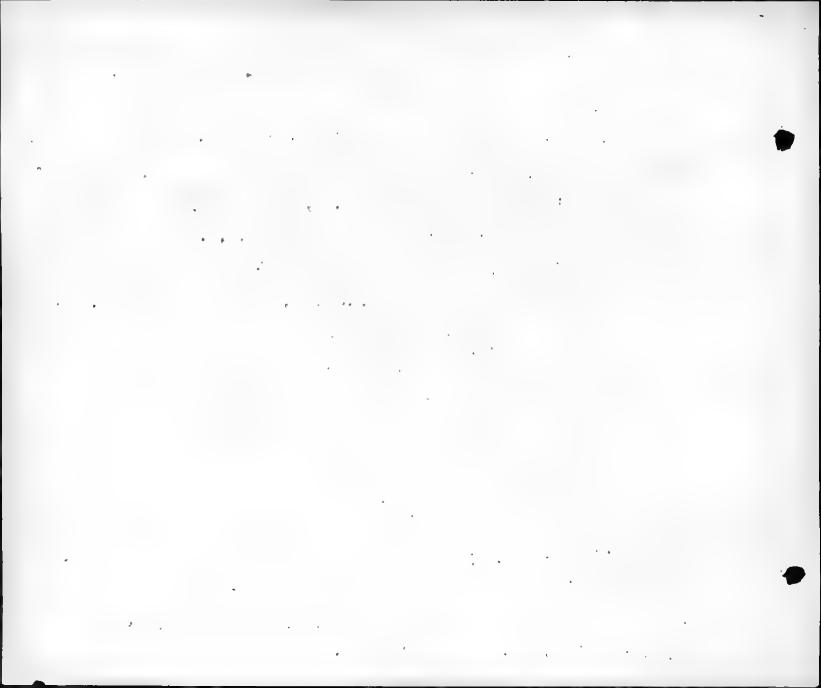
SILVER SPRING, MD.

24a REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE arihur S. Kraus

VS A15 (4) 15M 9/58

the registrar prior



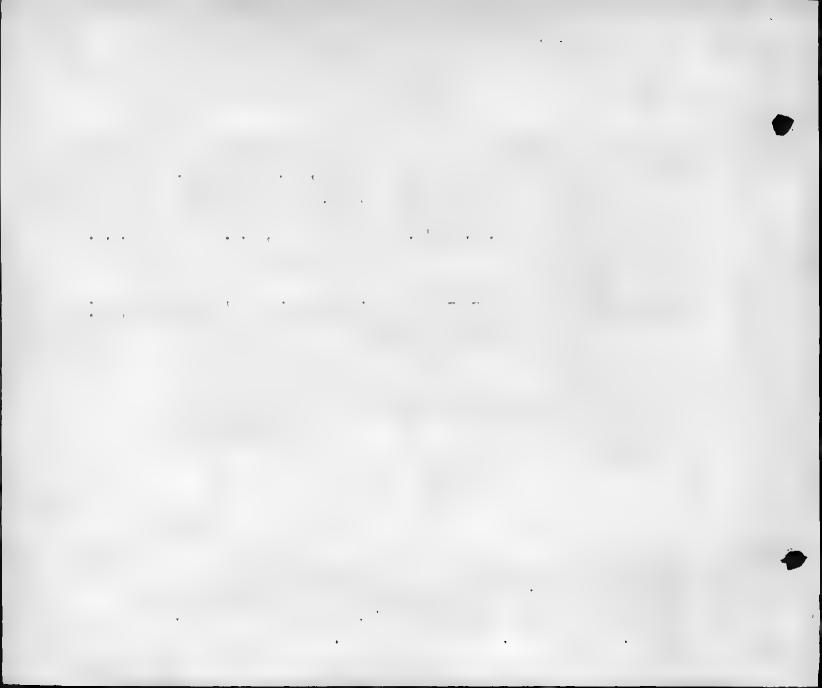
# FOR STATE TO DEPUTY INCOICAL EXAMINER: This certificate should be executed within 24 hours after death. If any del mecessary, please execute the certificate, writing the word "pending" in pendin its man 18. Give Pages 1, 2, and 3 to the funeral circler. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your-files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or his designated agent, prior to burial, cremation, or removel, and in any event within 72 hours, after death.

**VS. A15M5** 5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 818 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1 1	PLACE OF DEATH		<del></del>	2 TIGHT PEGIDENCE	(Where deceased lived, if instit				
		. COUNTY M	ONTGOMERY	A4 B B 44 B 44 B 44 B	. STATE MARYL		MONGTOMERY			
1		b. CITY OR TOWN (IF O	pulside corporete limits,	maryland  LENGTH OF STAY IN 16						
		write RURAL and gi	ive neerest town)	7 vears		R SPRING				
	- 6			not in hospitel, give street eddress)	d. STREET ADDRESS	· DINING	i e. IS RESIDENCE			
			AIN AVENUE		9910 LORAIN	AVENUE	ON A FARM? YES NO X			
		NAME OF	First	Midd e		DATE Month	Day Yeer			
		DECEASED (Type or print)	STANLEY	LIVINGSTON	FANT , SR.	DEATH JAN.	1 1961			
1	5.	SEX e	. COLOR OR RACE	. MARRIED HEVER MARRIED 8	DATE OF BIRTH		INDER 1 YEAR IF UNDER 24 HRS.			
1	M	ALE	MHTEK I		/22/03	57 yes.	inths Deys Hours Min			
	10e.	. USUAL OCCUPATION to during most of working	N (Give kind of work	106. KIND OF BUSINESS OR INDUSTR	,		12. CITIZEN OF WHAT COUNTRY?			
		LERK	ng me, even n ramou,	POST OFFICE	WASHINGTON,	D.C.	U.S.A.			
		FATHER'S NAME			14. MOTHER'S MAIDEN NA					
		GEORGE PAY	NE FANT		BLANCHE MAY	WELCH				
	15. (Yes	WAS DECEASED EVER	IN U.S. ARMED FORCE	S? 16. SOCIAL SECURITY NO. 17. I		Address				
		YES (Ifye			. Blanche M. We	elch, 9910 Lora Silver Spri				
	1			suse per line for (e), (b), end (c) ]		oriver -shir	THE MAL BETWEEN ONSET AND DEATH			
			WAS CAUSED BY: MEDIATE CAUSE (0)	CORONARY OCCLUSI	ON		SUDDEN			
		4-5 9	DUE TO							
		Conditions, if any,								
		gave rise to immediate cause [e], stelling the underlying DUE TO								
		cause lost,	(c)				ļ			
	<u>ج</u> ا	PART I. OTHER SI	IGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN				
	ξl						PERFORMED?			
*	CERTIFICATION	20a. EXTERNAL CAU	SE WAS 206	. DESCRIBE HOW INJURY OCCURED. [E	nter nature of Injury In Part Lo	Fert H of item 18.)	· _ <u></u>			
- 1	-	PRIMARY OF CONT	IKIBUJING []							
	3	20c. TIME OF INJURY	Month, Dey, Yeer	20d. INJURY OCCURRED 200, PLA	CE OF INJURY (Home, ferm, iny, street, office bldg., etc.)	20f. (City or town)	(Stele)			
	WEDI	Hour a.m.	19	White Not White 18010	iny, sireol, office oragi, etc./					
			I took charge of	the remains described above, he	d an Autopsy , Ins	pection 🗶 Inquiry	and in my opinion			
		death resulted fro	m. Natural caus	ses 🕱, Accident 🔲, Suici	de 🔲. Homicide 🔲	. Undetermined mann	er			
			2.	0	CHIEF MEDICAL EXA	MINER 📋				
Distance of the last of the la	ب	ACTUAL SIGNATURE	Must 1	· morhant	M D. ASSISTANT MEDICA	L EXAMINER	DATE SIGNED			
		EXAMINER'S	FRANK J	BROSCHART	DEPUTY MEDICAL EX	AMINER 🔀	1/2/61			
	22-	NAME (Type) . BURIAL, CREMATION,			Address (Street, city,	lown, or county)	country) (State)			
		REMOVAL (Specify)		ARLINGTON NAT'I		ARLINGTON. VII				
		BURIAL DIRECTOR-	1/4/61				AR'S SIGNATURE			
1	M7	HUNTER OFFICTORY	MIL HICKS	C. STEVER SPRING,	MD.					
		Jun auce	a July		I DATE JAN	6 61   Quel	1 S. King			



(**				
3				
	 		 	_

219

CERTIFICATE OF DEATH

1.	PLACE OF DEATH d. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	Montgomery MAI	RYLAND	Maryland b. COUNTY Montgomery
	b. CITY OR TOWN (If autide carporate limits, write RURAL and give nearest town)  Bethesda	Y IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  Bethesda
	d. NAME OF HOSPITAL (If not in haspital, give street address)		d. STREET ADDRESS e. IS RESIDENCE
	OR INSTITUTION Suburban Hospital		4549 Windsor Lane ON A FARM? YES ☐ NO 🛣
3.	NAME OF First Midd DECEASED	le .	Last 4. DATE Month Day Year
	(Type or print) BLANCHE H. FEATHE	RSTO	
5	SEX 6 COLOR OR RACE 7. MARRIED NEVER MAR	RIED 🔲	B. DATE OF BIRTH  9 AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy)  Manths Days Hours Min.
	Female White WIDOWED DIVORG	CED 🔲	Nov. 3, 1892 68 yrs Manihs Days Hours Min.
100	a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS during most of working life, even if retired)	OR INDU	STRY 11. BIRTHPLACE (Stale or foreign country) 12 CITIZEN OF WHAT COUNTRY
	Retired U.S. Gov	1+	Marion, Iowa U. S. A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME
	John M. Hickman		Rose McKenna
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N	10, 17, H	NFORMANT Address
("	no or unknown] [If yes, give wor or dates of service]		tithem featherstoxhaugh - Jon
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (	4	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY MYO CARE	DIAL	. INFARCTION 3 DAYS
	DUE TO	4 .	
	Canditrans, If any, which ) (b) CORONAR	Y AI	RTERICECUEROTIC HEART DISEOSE 3 MAS
	gave rise to immediate		
	lying couse last.		
Z	PART II OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
₹	YOLY CVTHEMIA VE	RA	PERFORMED?  YES NO 2
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY	- 4	D. (Enter nature of injury in Part I ar Part II of Item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICAL	20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED	20e. PL	ACE OF INJURY (Hame, farm, 20f (City or lawn) (Caunty) (State
AE D	Have a m While Not while p. m. 19 at work at wark	l ru	ctary, street, affice bldg , etc )
	21 I certify that (I) (this hospital) attended the decease	d from	193819 to JAN 20, 196/, that (1) (we) las
			deoth occurred of 77M, from the causes and on the date stoted obove
	22g. SIGNATURE	) Indi c	22b DATE
	John H Musky		M.D. ATTENDING MED STAFF PHYS 1-21-61 SIGNED
	22c PHYS CIAN'S NAME (Type)		22d. ADDRESS
	JOHN H. TOUHY		7720 Wisconsin Ave., Bethesda, Md.
23	G. BUR A. CREMATION, 236 DATE THEREOF 23c NAME OF CE	METERY C	OR CREMATORY 23d LOCATION (City, town, or county) (State)
B	REMOVAL (Specify) 1-24-61 Arling	ton	National Cem. Arlington, Virginia
	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	٠. د	250 REC'D BY REGISTRAR 256 REGISTRAR S SIGNATURE
	ROBERT A. PUMPHREY Bethes	ua,	Ma. DATEAN 25'61 Orland S. Kraus

TO HOSPITAL MATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours for death. Page 4 may be remained by the haspital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event, within, 72 hours after death.

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DITIBION	OF STATISTICAL RESEARCH AND RECORDS	- 071
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1.	11815	
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400												
1	PLACE OF DEATH COUNTY MONTEOMORY MARYLAND					2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o STATE h. COUNTY MONTEOMOTY						
0	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Bethesda  1.9 days				b c. CITY OR		utside corpo	rote limits, write RL			n)	
050		d NAME OF HOSPIT OR INSTITUTION	Al (If not in hospitol, g	ive street oddre	33)	d. STREET A	DDRESS				ON A	SIDENCE A FARM?
A 20	_	NAME OF	Fig		Middle	II ICORO		4. DATE				Yeor
		DECEASED (Type or print)	Samu	al	William	Finneyf	rock	OF DEATH	Jamuar	r _]	Day L <b>5</b>	1961
	s s	ex <b>ale</b>	6. COLOR OR RACE	7 MARRIED WIDOWED	NEVER MARRIED [			1902	9 AGE (In years lost birthdoy) 58 yrs	Months Da		Min.
		USUAL OCCUPATION during most of work	ON (Give kind of work on the large large, even if retired	)	of Business or in	IDUSTRY 11. BIRTHP	ACE (Stote		ountry) edland		OF WHAT	COUNTRY?
	_	3. FATHER'S NAME				14 MOTHER'S	MAIDEN N	IAME				
- 1	0	ra B. Fin	nevfrock			Cora	Davis					
4 )	15	WAS DECEASED EVE	R IN U. S. ARMED FOR		AL SECURITY NO. 1	7. INFORMANT Th		ical B	lecond Addr	ess		
		0	(If yes, give wor or dutes of s	578	-05-5584	The Clini				14, N		
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY.									INTERVAL BI		
		PARI I. DEA	IMMEDIATE CAUSE (o	1 Dron	rhezan	a care	ryspn	Marger Law			35	gra.
		163	DUE TO									
		Conditions, if or		)								
		gove rise to it couse (a), stating										
	_	lying couse lost.	) (c									
	CATION	PART II. OTH	HER SIGNIFICANT CON	DITIONS <u>CONTE</u>	RIBUTING TO DEATH	BUT NOT RELATED TO	O THE TERMI	NAL DISEAS	E CONDITION GIVE	IN IN PART I	PERF	ALTOPSY DRMED?
1	CERT RI	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE	HOW INJURY OCCU	RRED, (Enter noture o	of injury in (	Part I or Por	t II of item 1B )			
	MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yes		Not while	PLACE OF INJURY foctory, street, office			or town)	(Cou	inty	(Stote)
		21 I certify tha	it (I) (this haspital	) attended t	he deceased fra	m Decembar	27 19	61_ , to 1	amary 1	1961	, that (f) :	(we) last
		saw the deceas	ed alive and any	ary 15	19.61 and the	at death occurre	d at 7:5	5AMram	the causes an	d on the d	late stated	d abave.
		220. SIGHTATURE	+B4	0	ina	M.D. ATTENDIN	IG MI	ED RECTOR (	STAFF PHYS DE	1/1	15/61	SIGNED
		22c. PHYSIC AN'S NAME (Type)	Robert B.	Scoggin	s M.D.	22d ADDR	Ess The		ical Cente		tiona	
	23-	BILD AL COSMAT O	N, 23b, DATE THEREC	)F 22-	NAME OF CEMETER	Y OD CDEALATORY			iealth, Be		15 - 16 - 15 to	
	z.su	REMOVAL (Specify)	/-								{5,0	ie)
	24	FUTLAL FUSERAL DIRECTOR	1-17-61 s signature .	LLa	v tonsvill	<u> </u>	25g REC	D BY REGIST	CONSVILLE	Md TRAR'S SIGN	ATURE	
	7	Innie "	コノ シクー ハー	a. Lavto	nsville.	Ma.		N 1 9 '6				
		1-00,000			A ROW T ALL AND	~ *	DAIL JA	1 1 2 (		Though & fi	Careed.	

death Page 4 may be renained by the haspital or attending physician.

To blackAl Difference by the haspital or attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remavol, and in any every with a 2 hours after death. ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

TO HOSPITAL O VR A1% (4) 1SM 9/59 O HOSPITAL C ITENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs of death. Page 4 may be retained by the hospital or attending physician.

O FUNERAL DIMENTIE: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 3 should be detached for use as the burial-transit permit. The please remaye corban papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, while 2 hours offer death.

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	may be retained by the has	TO FUNERAL DIMENTIL: AR	page 3 should be detached	
VR TS	A'	15 i 9/5	[4] 9	

- 1	0.01	
	1. PLACE OF DEATH O COUNTY MONTGOME / Y MARYLAND  2. USUAL RE O STATE	SIDENCE (Wyere deceased lived If institution Residence before admission) b COUNTY
	T	R TOWN (If outside corporate limits, write RURAL and give nearest town)
	d NAME OF HOSPITAL (If not in hospital, give street oddress)  OR MISCITUT ON San + Hospital  2003	ADDRESS Charleston Place ON A FARM? YES NO ID
	3 NAME OF DECEASED (Type or print) Clarence Arthur Fleto	die Date Month Day Year 196/
	S SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BILL  Male  White WIDOWED DIVORCED 5-3	P AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min
	10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTH during most of working life; even if retired)	PLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY!
	William Fletcher Ma	ry Janie
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (If yes, give wor or dates of service)	on Sanitarium & Hosp. Records
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  WYLET FLEE  LEECT  AMORPHICAL PROPERTY OF THE PRO	Interval Between ONSET AND DEATH Z days
	Conditions, it any, which (b) Brough full	mories 3 dage
	gove rise to immediate cause (a), stating the <u>under</u>   DUE TO     lying cause last. (c)	
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED  S  PROPERTY OF PROPERTY OF SECURITY OF	PERFORMED?
	200 ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	s of injury in Port L or Part II of ilem 18 )
	20c. TIME OF INJURY Manih Day, Year 20d INJURY OCCURRED Address of the state of the	Y (Home, form 20f (City ar tawn) (County) (State
	21 1 certify that (1) (this haspital) attended the deceased fram. 23 saw the deceased alive an. 196, and that death occurr	ed of 20M, from the causes and an the date stated above
	220 S GNATURE TO ME ATTENDED PHYS.	22b DATE
	22c PHYSICIAN'S NAME (Type) W.R. MCSCS 22d. ADD	18.35 Eye SX A!W!
	230 BUR AL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATIONY BEMOVAL (Specify)	23d LOCAT ON (City, town, or county) (State)
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS  HONLOG FUNERAL HAMES 38316FBA	250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
	VIRINAUN I UNCREAL STUFFE - DO JUNGSAFIRA	WATE JAN 13 0





FILITERAL DIRECTOR: pode 0

VS A1S (4) 1SM 9/S8

ON A FARM? 1634 BELVENERE BLY D YES TO NO F Year 19 6 ( 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Davs Hours Min 12. CITIZEN OF WHAT COUNTRY? Address 1134 BELVEDERE BLVD SS. INTERVAL BETWEEN ONSET AND DEATH -7 H 7 NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM-NAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO Y (County) (State) 196/.that I last saw the deceased 4.000, from the causes and an the date stated above. DATE SIGNED 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY. (State) REMOVAL (Specify) MT, LEBANON CEMETER **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D 8Y MEGISTRAR 24b, REGISTRAR'S SIGNATURE

Reg. Dist. No.

MONTGOMERY

IS RESIDENCE



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEAR PLACE OF DEATH Page a. COUNTY funeral director. Pag sined for your files. b. CITY OR TOWN (if outside corporate limits, MARYLAND e LENGTH OF STAY IN 16 your rd of Write RURAL end give neerest town? HETHESDA L.D.O.A d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) State SIL URLAT 3. NAME OF First M ddla 1, 2, and 3 to the trigge 5 may be retail and 2 with the St 72 hours after dea DECEASED (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED 17 DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY dane during most of working life, even if retired 13 FATHER'S NAME pages 1 PM3. (Yes, no, or unkown) [ (If yes give war or detes of service) Office along with in pencil in Item 1 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) ] .5 PART I. DEATH WAS CAUSED BY: Tronary IMMEDIATE CAUSE (a) DUE TO Conditions, if env. which fb1 geva rise to immediate cause 40 DUE TO (a), steting the underlying Sign Examiner cause lest. be used cremation, CERTIFICATION ease execute the certificate, writing the word should be forwarded to the Chief Medical E PUNERAL MILETER: Page 3 should be its designated agent, prior to buring comments. 200. EXTERNAL CAUSE WAS PRIMARY [7] or CONTRIBUTING [7] CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeer Not While Hour a.m. at work at work death resulted from: Natural causes X Accident Suicide ACTUAL SIGNATURE DEPUTY **EXAMINER'S** NAME (Type)

240 g

VS. A15ME

5M 7/59

RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. STATE b. COUNTY c. CITY OR IOWN (If outs'de corporete limits, write RURAL end give neerest town) , d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO Cahin Road 4. DATE Month OF DEATH AGE ON THE LINDER I YEAR ! 8. DATE OF BIRTH IF UNDER 24 HRS. lest birthday) Monthal Days 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (State or foreign country) 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO. 1 17. INFORMANT INTIRVAL BETWEEN ONSET AND DEATH 200ddie PART II OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, 81 19, WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20d. INJURY OCCURRED : 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., alc.) Inquiry X and in my opinion Homicide [ Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE BIGNED DEPUTY MEDICAL EXAMINER 1 Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22a. BURIAL, CREMATION, 22b. DATE THEREOF (Steta) REMOVAL (Specify) 1 Il adomina 248. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR JAN 31 '61 arthur & Kines



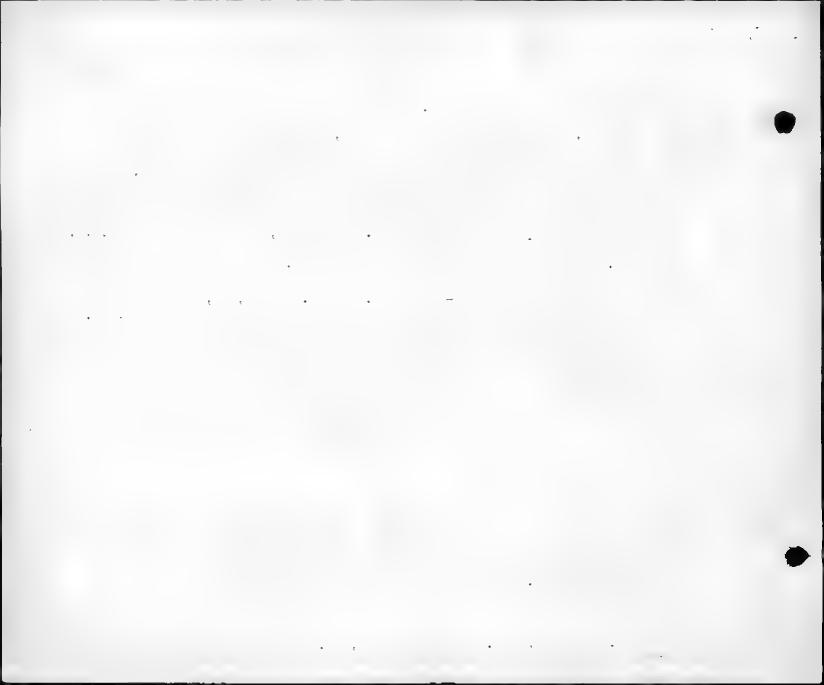
### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 32 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HFALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH funeral cirector, Page rained for your files. State Board of Health, necessary, ector, Page e. COUNTY e. STATE D.C. **b.** COUNTY MONTGOMERY MARYLAND b. CITY OR TOWN (if outs'de corporete l'mits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) write RURAL and give neerest town) WASHINGTON SILVER SPRING d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . 15 RESIDENCE ON A FARM? be retained find the State B CONTINENTAL HOTEL 1703 RAST-WEST HIGHWAY YES NO TO First NAME OF Middle 4. DATE Month Yeer death. If amy nd 3 to the fi DECEASED OF GARBER JAN. 1961 (Type or print) MAURICE DEATH should be executed within 24 hours after death. If in the pencil in Item 18. Give Pages 1, 2, and 3 to 5. Office along with form Y. Page 5 may be a burial-transit permit. File pages 1 and 2 with 1 a burial-transit permit. Æ ĭ¥ 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED & B. DATE OF BIRTH 19. AGE (In years | IF UNDER 1 YEAR, IF UNDER 24 HRS. last birthday) 12/20/02 MALE WIDOWED [ DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Dept. of Justice Attorney Mass. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Garber Henry Garbers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yespive wer or detes of service) 1615 Beacon St. Boston. Torf Funeral Service unknown unknown 18. CAUSE OF DEATH [Enter only one cause per i ne for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PARIN, DEATH WAS CAUSED BY: SUDDEN CORONARY OCCLUSION IMMEDIATE CAUSE (a) **DUE TO** removal Conditions, if env. which {b} "pending" Examiner's ( pave rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 8 19. WAS AUTOPSY GENTICATION PERFORMED? sase execuse the certificate, writing the word should be forwarded to the Chief Medical E. FUNEXAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremain NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, [Errier nature of Injury In Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) 20c. TIME OF INJURY Month, Day, Year (County) (Stelle) fectory, street, office bldg., etc.) While Net While Hour a.m. at work at work p m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection K Inquiry X and in my opinion agent, Natural causes \* Suicide Homicide | Undetermined manner death resulted from: Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S 1/2/61 BROSCHART NAME (Type) Address (Street, city, lown, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 1/2/61 Removal Torf Funeral Service ₽40 p Boston, Mass. OH 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME arthur & Haus DATEJAN 5M 7/59



VS A1S (4) 15M 9/58

MARYLAND	STATE	DEPARTM	ENT OF	HEALTH-	BALTIMORE,	18

		826	CERTIFICA	ATE OF DEAT	Н	Reg.	Dist. No.	119	
1, PLA g. (	CE OF DEATH	MONTGOMERY	MARYLAND	2 USUAL RESIDENCE (W	here deceased lived AND		fence before admis ONTGOM JRY		
b. (	CITY OR TOWN RURAL and give SIIV R	(If autside corporate limits, write negrest town) SPRING	1 2yrs.	c. CITY OR TOWN (IF	outside corporate lin	mits, write RURAL an	d give nearest tow	m)	
d. I	NAME OF HOSP OR INSTITUTION	TAL (If not in hospital give street 13, 203 KAPA LA		d. STREET ADDRESS 13,203 KAR	A LANE	1	ON A	SIDENCE A FARM? NO (	
3. NA DEC (Typ	ME OF CEASED pe or print)	First GLANI	Middle OVILLE LaMOTI	E GIBSON	4. DATE OF DEATH	Month JAN.	Day 22	Year 19 61	
s. sex	IALE	6. COLOR OR RACE 7. MAR WHITE WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 8/22/09	9 AG 51	E (In years t birthday) Month	ER 1 YEAR IF UND Days Hours	· · · · · ·	
di	uring most of wo	ION (Give kind of work done 10b orking life, even if retired) Stock Mgr.	KIND OF BUSINESS OR INDU				U.S.A.	COUNTRY	
	THER'S NAME Frank E	. Gibson		14. MOTHER'S MAIDEN COTA B. 1					
(Yes no	AS DECEASED EV or unknown) LO	FER IN U. S. ARMED FORCES? 16 (If yes, give war or dates of service,		INFORMANT s. Edna S. Gil					
18		EATH [Enter only one couse per I EATH WAS CAUSED BY: IMMEDIATE CAUSE [6]	ne for (a), (b), and (c) ]	throm	losis	ver Spring	ONSET AND	DEATH	
	Conditions, if								
c	gove rise to immediate couse (a), stating the <u>under-lying couse last.</u> (c)								
CATION	PART II. O	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CON	IDITION G VEN IN P	PERFO	AUTOPSY ORMED?	
CERTIF:	ACCIDENT V R CONTRIBUTIN EITHER, NOTIF	VAS UNDERLYING   206 DES G CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enter noture of injury in	Part I or Part II of	item 18 )	*		
WED.CAL	c. TIME OF INJU Hour a.m. p. m.	While	Not while fo	ACE OF INJURY (Home, far ictory, street, office bldg., et		wn)	(County)	(Stote	
O At	21. I certify that I attended the deceased from 1952 to 22 from 196/that I last saw the deceased alive and 196/that I last saw the deceased alive and 196/that I last saw the deceased alive and 196/that last saw the deceased alive ali								
PH	GNATURE TYSICIAN'S AME (Type)	WILLIAM D. AUD	m & lund	M.O. July	en \$12.	er e	72 4	<u> </u>	
22a B.	JRIAL CREMATI EMOVA, (Specif RTAL		22c. NAME OF CEMETERY C PARKLAWN CEM		22d. LOCATION (	City, town or county	y) (Sto		
23. FU	NERAL DIRECTO	R'S SIGNATURE EX. INC.	APPRESS SILVER SPRI	NG, MD. 240. REC	o by REGISTRAR	246. REGISTRAR'S	SIGNATURE		



CERTIFICATE OF DEATH

7 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o STATE

Montgomery

256 REGISTRAR'S SIGNATURE

Withing S. Thousa

250. REC'D BY REGISTRAR

DATE

MARYLAND Maryland Montgomery c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest lown) C-TY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) Bethesda (Rural 2 days Rethesda d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? OR INSTITUTION YES NO T Greenlawn Drive S. Naval Hospital 4. DATE NAME OF Middle Lost Month Year Day DECEASED GILCHRIST 1961 DEATH January Mark Clarence (Type or print) IF UNDER TYEAR IF UNDER 24 HRS. 8 DATE OF BIRTH 9 AGE (In years SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED K) last birthday) Months Days Hours 2-11-59 Male Caucasian WIDOWED [ DIVORCED | USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Argentina USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charlotte Maie RITTER David M. GILCHRIST 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address David M. Gilchrist. same as #2 No None INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Abscess, brain, organism undetermined days DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 PERFORMED? YES IN NO Congenital Heart Disease, Cyanotic 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Part II of item 18.) 20c TIME OF INJURY Doy, 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form 20f. (City or town) (County) (Stole) Year factory, street, office bldg., etc.) Hour o.m. While Not while of work of work p. m. 1961, that (4) (we) last 21 I certify that (1) (this haspital) attended the deceased from. Jan. 9 Jan. saw the deceased alive on Jan. 22b DATE 226 SIGNATURE 1-11-61 ATTENDING PHYS STAFF PHYS MED DIRECTOR M.D. 22c PHYSICIAN S 22d. ADDRESS NAME (Type) Robert V. Rack. u. s. Naval Hospital, Bethesda, LT. USN MC. 230. BURIAL, CREMATION, 235. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION City, town, or county) (Stota) REMOVAL (Specify) 1-14-60 Mt. Olive Cemetery Randallstown Maryland

ADDRESS.

Pumphrey Auneral Home, Bethesda, Md.

permi signed bur al-transit physician b been cremotian, has attending certificate ihe ő ъ this After detoched FUNERAL DIRECTOR: Pe to Board T 3 shaul pode the

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24/ UNE ALD RECTOR'S SIGNATURE

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CDQDE

a	}	828	CERTIFICAT	E OF DEATH		0.00041
	1, P	LACE OF DEATH LOUNTY MONTEAMERY	11 4 P.M. 4 4 1 P.	2. USUAL RESIDENCE (Where do STATE	eceased lived If institution Reb. COUNTY	sidence before admission)
pate 1	b	CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	CITY OR TOWN (If outside	e carparate limits, write RURAL	and a ve nearest lown)
	d	I. NAME OF HOSPITAL (If not in hospital, give street or institution	tarium	STREET ADDRESS	Sbury Coul	e. IS RES DENCE ON A FARM? YES NO
	3. N	NAME OF PIRST PRINTS PR	Middle	Cleeson 6	DATE Month DEATH	Day Year
	5 5	Zemale Lyacte widow		1-2-6/	9. AGE (n years last birthday) Man	NDER 1 YEAR IF UNDER 24 HRS this Days Haurs Min
	10a	USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or for Maryland		CITIZEN OF WHAT COUNTRY?
	13, 1	Francis Xavier C	reson	Patricia A	nn Ellis	
	(Yes.	WAS DECEASED EVER IN U. S. ARMED FORCES?  [If yes, give wor or dates of service]  [If yes, give wor or dates of service]	SOCIAL SECURITY NO. 17 INF	mothers (	chart, C. Address,	
		18. CAUSE OF DEATH (Enter only one cause Par II.  PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)		There !	to to the	ONSET AND DEATH
		Canditions, if any which gave rise to immediate (b)	encepliated	con Col		
	2	cause (a), staling the under   DUE TO     lying cause last. (c)     PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	LOT BELITED TO THETERMANN I	D CEASE CONDITION OWEN IN	LEADT 10-WAS A TORSY
	CERTIFICATION					PERFORMED? YES NO [2]
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED.			(5)
	MED C	Hour a m p m. 19 While at war	rk at while facts	CE OF INJURY (Hame, farm, 20 ary, street, affice bldg, etc.)	(City or town)	(Caunty) (State)
		21 1 certify that (1) (this hospital) attends saw the deceased alive an	- / /		fram the causes and ar	19, that (I) (we) last the date stated above.
		220 SIGNATURE	and the management of the mana	ATTENDING MED DIRECTO	OR PHYS	1-2-6 SIGNED
		Thank (Type) EANE T	M.D.	22d. ADDRESS 727	-16th >	f. Gesage. D.
	-	BURIAL CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY OR	INEY	WASh.	C
	34	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 13831-GAA	DATE JAN 1	0 '61 Civil 1	0 11

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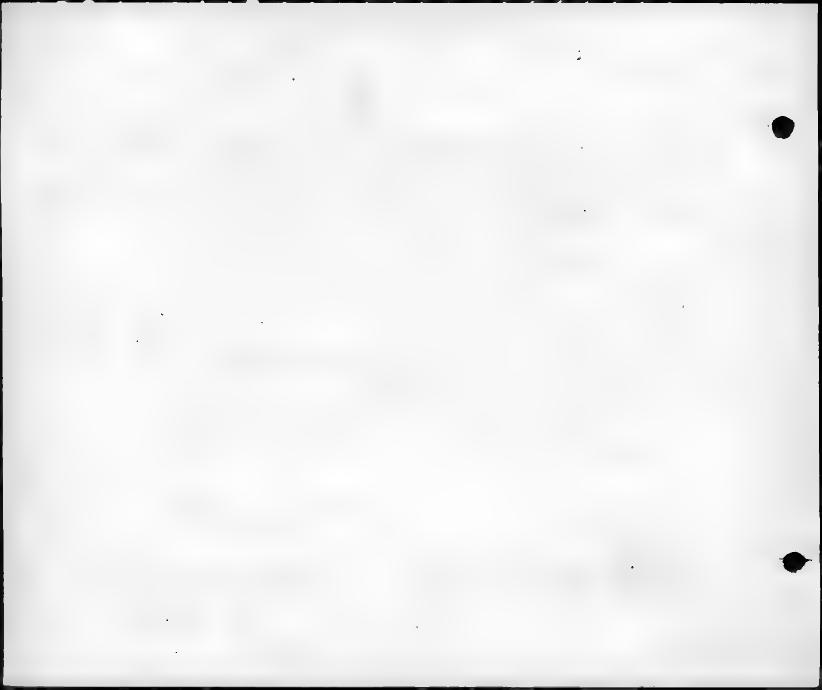
Jan.

may be retained by the hosp tal or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fithe State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITAL (

VR A15 (4) 15M 9/59

death. Page 4



### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admiss only or your files. a. COUNTY Page m. STATE b. COUNTY MONTGOMERY MARYT.AND MARYLAND b. CITY OR TOWN ( f outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town). for your write RURAL and give nearest town) SILVER SPRING **Vears** SILVER SPRING Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS uld be executed within 24 hours after death. If any de in pencil in hem 18. Give Pages 1, 2, and 3 to the funeral Diffice along with form PM3. Page 5 may be retained four intel-trensit permit. File pages 1 and 2 with the State Bovers, and in any event within 72 hours after death. **8113 GROVE STREET** 8113 GROVE STREET 3. NAME OF Middle Last DATE Month DECEASED NORMA COLDSTEIN (Type or print) DEATH JAN. 6. COLOR OR RACE 7, MARRIED TO NEVER MARRIED 5. SEX B. DATE OF BRITH AGE (In years of UNDER 1 YEAR last birthday) FEMALE WHITE WIDOWED [ DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) le pages 1 and make 1 and 12 a NEW YORK CITY. N.Y. Housewife own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MANAGEMENT GELBTUCH HARRY (Unknown) CT.AR A This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no or unkown) | (Ifyesgive wer or dates of service) Mr. Philip R. Goldstein, 8113 Grove Street any None Silver Spring. Maryland BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] Office along w burial-transit pr moval, and in a PART I. DEATH WAS CAUSED BY: Cerebral hemorrhage and laceration IMMEDIATE CAUSE (a) DUE TO removal. bullet wound thru skull Conditions, if any, which (6) "pending" gave rise to immediate cause Chief Medical Examiner's age 3 should be used as a DUE TO (a), stating the undarlying 占 cause last. cremation, PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 . 19. WAS AUTOPSY CERTIFICATION ease execute the certificate, writing the word should be forwarded to the Chief Medical EUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremati 206. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING EXAMINER: Self inflecting bullet thru skull CAUSE OF DEATH. 1 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f, (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., atc.) While Not While at work at work 9:22 Jan - 7 1961 home Silver Spring 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection | Inquiry | EDICAL death resulted from: Natural causes Accident Suicide hr Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER TO DEPUTY EXAMINER'S FRANK JY BROSCHART NAME (Type Address (Street, city, town, or county) 228 BURIAL, CREMATION | 225. DATE THEREOF 22c. NAME OF CEMPTERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 9 ₽40 p Burial Natil. Mem. Park Falls Church. Jan. 9. 23. FUNERAL DIRECTOR 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. A15ME Goldberg Funeral Home 4217 9th Street N.W. DAJEAN 1 0 '61 5M 7/59 arthur S. House

MONTGOMERY

Months

Days

U.S.A.

e. IS RESIDENCE

YES NO PA

IF UNDER 24 HRS

Hours

ONSET AND DEATH

PERFORMED?

NO

(Stata)

and in my opinion

DATE SIGNED

(Stata)

1/7/61

sudden

+ YES

(County)

Mont

Va.

12. CITIZEN OF WHAT COUNTRY?

ON A FARM?

61 19

Alin.



Y	11			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (18828													
	寸.	49		830 CERTIFICATE OF DEATH Reg. Dist. No.													
1 Page 4 I director, filed with	,		(	COUNTY Mont		MAR	YLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admiss on)  o. STATE District of Columbia									
death nerol	(17	vi) 50		CITY OR TOWN (If aud RURAL and give neares Bethes	write c.					prote limits, write RURAL and give nearest town)							
by Notes	(		d NAME OF HOSPITAL (If not in hospital, give stree or NSTITUTION  The Clinical Center, B				oddress)		1. STREET ADDRESS 1821 Ontario Place, N.W.			e. IS RESIDENCE ON A FARM? YES NO 🔯					
24 hou illed in			3). 1	NAME OF DECEASED Type or print)	Mary		Alice		Gooding	1 4	I. DATE	January	th	Day 2	Yeor 19 61		
d within detely fi			5. S		color or RACE 7.	MARRIED			August			9 AGE (In years lost birthdoy) yrs.		YEAR IF UN	DER 24 HRS.		
executed and comp	deoth.		100.	Usual occupation (during most of working)  Domestic	Give kind of work don life, even if retired)	e 10b. KIN	o of Business Unknown	OR INDUS	TRY 11. BIRTHPL Nort	ACE (Stole or h Caro	foreign co	ountry)		EN OF WHA	AT COUNTRY		
ote be	s offer		13.	FATHER'S NAME Frank Curr	ence	- Andrews artist wa			14. MOTHER'S Ell	MAIDEN NA a Glen		· · · · · ·			-		
certificate ng physicia r remove co	inou 22		15. (Yes	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Records Address 579-28-8144 The Clanical Center, Bethesda 14, Maryland													
e deoth ce offending n please n	r within			18. CAUSE OF DEATH PART I DEATH V	[Enter only one couse WAS CAUSED BY: U MEDIATE CAUSE (o)									ONSET AN	BETWEEN D DEATH		
that the by the it. The	ly even			Conditions, if ony,	DUE TO			eral	obstruc	tion		-		3-4 w			
equires in. signed	od in or		- t	gove rise to imme cause (a), stating the s lying cause lost.	under DUE TO		oma of t							l yea			
physicic as been of trans	ovol, o			PART II. OTHER S	IGNIFICANT CONDIT					THE TERMINA	AL DISEASE	CONDITION GIV	EN IN PART	1(a) 19 WA			
IAN: The ending ficate h the bur	or rem			20g. ACCIDENT WAS UP OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	NDERLYING 200 CAUSE OF DEATH DICAL EXAMINER)	b. DESCRIB	E HOW INJURY (	OCCURRED	(Enter noture of	I injury in Por	t I or Part	II of item 18)					
PHÝSIC al or att his certi	emotion			20c. TIME OF INJURY A Hour o.m. p.m.		20d. INJUR While of work []	Not while	20e. PLA foci	CE OF INJURY II- lory, street, office	lome, form, bldg., elc.)	20f. (City	or town)	(Co	unty)	(Slole)		
NDING hospite After I	burial, cn	1		21. I certify that I	attended the de	ceased 1	from Dece	radm	12, 19, 60	10 Jani 11:40A	lary M from	2 , 19 61 1 the causes a	"that I la	ist saw the	e decease		
\$ 10 to	prior to bu			ACTUAL SIGNATURE	H Ba	in	2 mg	)	_	AD	DRESS (SI	reel, city or town, Center			PATE SIGNE		
retoine RAL DIR should	registrar pri			/	RY W. BAIN	S, M.	D.					itutes 0 Marylan		th			
HOSP 10y be FUNE 9ge 3	the regi		220.	BURIAL CREMATION, REMOVAL (Specify)	226. DATE THEREOF 1/5/1961	22	c. NAME OF CEA	AETERY OR	CREMATORY	2.		on (City, town, o			ote)		
YS A15 (4)			23)	UNERAL DIRECTOR'S SIG	ESKEV 1	.432 _	ADDRESS	•	****	240 REC'D &	BY REGIST	RAR 24b. REGIS	TRAR'S SIGN	NATURE			



### DISTRICT OF COLUMBIA: S. S.

WX/I,

upon our/my oath do depose and say: that, Mary Alice Gooling

who died January 2, 1961

in the District of Columbia

was our/my Wife ; and, that for a long time prior to his/her death was

known and referred to as Alice wooding

, and that Narv Alice Bording

Alice G oding and

is one and the same person.

IN WITNESS WHEREOF we/I have hereunto set our hands and seal in duplicate, this

day of RIBED AND SWORN TO

FI FORE ME THIS 48 .. DAY

W COLMISS by For Your land



DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution Residence before admission) 1. PLACE OF DEATH **b.** COUNTY e. COUNTY mont q mer 4 MARYLAND n on 16, Emer L 6. CITY OR TOWN (if outside corpore lim is, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) . IS RESIDENCE ON A FARM? YES NO NAME OF OF DECEASED DEATH (Type or print) NEVER MARRIED 1/8 DATE OF BIRTH AGE (In years | IF UNDER I YEAR 6. COLOR ON RACE 7. MARRIED (est birthdey) Months .5 DIVORCED WIDOWED [ (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY physician done during most of working life, even if retired) NONE 13. FATHER'S NAME .⊑ altending ם WAS DECEASED EVER NU.S. ARMED FORCES? (Yes, no, or unkown) [ (tryesgivewerordetesofservice) INTERVAL BETWEEN 18. CAUSE OF DEATH lenter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO experatory injection Conditions, if any, which (b) gave rise to immediate couse DUF TO (a), stating the underlying PART I. OTHER'S GNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? NO F 20e ACCIDENT WAS UNDERLYING 🔲 20b. DESCR BE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) OR CONTR BUT NG [] CAUSE OF DEATH IF ETHER, NOT FY MEDICAL EXAM NER) Health (County) 20d. NJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg , etc.) While Not While VED et work et work may be refaine DIRECTOR: / attended the deceased Com. . .. 21. I certify that (1) (this hospital) 18 1961, and that death occured at JAM, from the causes and on the date stated above. /S GNED **ATTENDING** with the DIRECTOR PHYS. PHYS. death, Page 4
TO FUNERAL 1
director, page 3
be filed with the 22d ADDRESS NAME (TYPE) JAMES R. 733 Sligo Ave., Silver Spring COLEMAN 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 238 BUR AL, CREMATION, 236 DATE THEREOF ARLINGTON NATIONAL CEMETERY ARLINGTON. VIRGINIA 1/23/61. 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arthur S. France

DEPARTMENT OF HEALTH



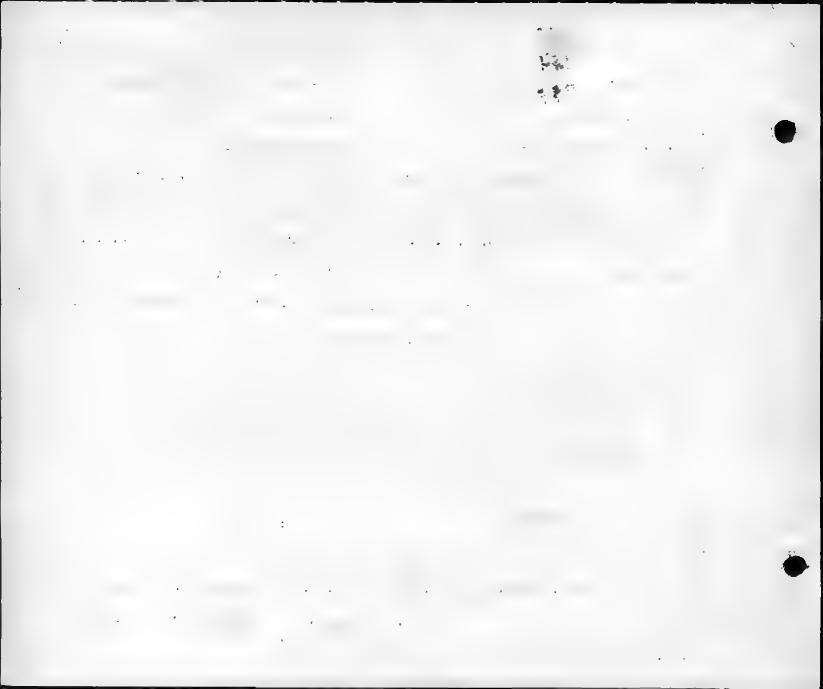
60825

1	1, 1	PLACE OF DEATH D. COUNTY	,		IX OUT V		2. USUAL RESIDENCE (W	here deceased	l lived If institution  b. COUNTY	n Residenc	e before admi	ssion)
1		Montgomer					Maryland			omery		
/	t	b. CITY OR TOWN ( RURAL and give n	If outside corporate limearest town)	ils, write	c. LENGTH OF STAY II	4 1Р	c. CITY OR TOWN (IF	outside corpoi	rate limits, write RL	JRAL and g	ive nearest to	rn)
Sun		Bethesda			DOA		Kensington			>		
7.	'	d. NAME OF HOSPI' OR INSTITUTION	TAL (If not in hospital, i	give street	oddress)		d. STREET ADDRESS			,	e. IS RI	ESIDENCE A FARM?
극			al Hospital				3402 McCom	as Ave			YES [	NO 💽
i. \$2	3. [	NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE	Mont	h	Day	Yeor
hospi		(Type or print)	Clay	rton	William	n.	GRAY	DEATH	Janı	ary	31	1961
9	5 5	SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	) 🔲 🛭	DATE OF BIRTH		9. AGE (In years lost birthday)		YEAR IF UNI	
	М	ale	Caucasian	WIDOWI	ED DIVORCED		5-27-00		60 yrs	WIGHTIE	Days Hour	PAID
)3	100	during most of wor	ON (Give kind of work	done 100a	KANJOLOHANED VE	<b>EMBRA</b>	RY 11. BIRTHPLACE (State	or foreign co	ountry]	12 CITIZ	EN OF WHAT	COUNTRY?
sed		Machinis		້ ປຸ	. S. Govt.		Maryl			U.	S.A.	
20.00	13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
le		Clark GRA	Y				Sarah Eliz	abeth	(unknown)	)		
re.			R IN U. S ARMED FOI		SOCIAL SECURITY NO	17 INF	ORMANT		Addr	ess		Md.
	(147	Yes	WWI		77-09-9659	(s)	Clayton A.	Gray,	2300 Blue	eridge	e Ave.W	heator
and			ATH [Enter only one co	ouse per lii	ne for (o), (b), and (c).]						INTERVAL I	BETWEEN
		PART I. DE/	ATH WAS CAUSED BY:		Infarction	nvoc	ardium				UNSELAN	D DEATH
ed		時人の	DUE TO			1000	<u> </u>					
4		Conditions, if o	- V									
댜		gove rise to i	mmediate	•								
noti		couse (a), stating lying couse last.	the Under-									
	z			OITIONS (	CONTRIBUTING TO DEAT	TH BUT I	NOT RELATED TO THE TERM	IINAL DISEASI	E CONDITION GIV	EN IN PART	1(a) 19, WAS	S AUTOPSY
De	ATIC			_	-						PERF	ORMED?
급	) FIG	200 ACCIDENT W	AS UNDERLYING []	20b DES	CRIBE HOW INJURY OC	CURRED	[Enter noture of injury in	Part I or Part	t II of item 18 )			
Examiner	CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING []  G [] CAUSE OF DEATH  MEDICAL EXAMINER)									
, ,	S	20c. TIME OF INJUI	RY Month, Day, Ye		NJURY OCCURRED 2	20e. PLA	CE OF INJURY (Home, far ory, street, office bldg., et	m, 20f. (City	or town)	{<	ounty)	(State)
ca1	MEDICAL	Hour o.m.	19	While of wor	Not while	TOCI	ory, street, ortice blog., er	C.)				
44	_		a. 715 dalaina dan marian	M. makene	dad the decread f		DOA 10		DOA	10	, that (I)	Anna) Inst
Medi		21 Certify in	an (II) <u>state Rosjava</u>	PACIA	led life deceased i	ر استان الاستان دام الاستان	DOA gath accurred at	5PM	the server on	/ 1/ 	data state	of above
Z		220 SIGNAIURE	sed dilve on	7	/ and 1	rnai ae	gill occorred di	_,7W, HOIII	me couses an	o on the		22b. DATE
ó		12.	114 /200	awl	4.111	A.	LD. PHYS. 10	AED DIRECTOR [	STAFF PHYS.		2-1-	SIGNED
ပ္ပ		22c PHYSICIAN'S	11/3 0 1880	MVZ	W-5-1		22d. ADDRESS	INCOLOR [	11113.			
À		Ne At At Abel	Paul G. LI	NAWEA'	VER, LT, MC	, US	N U. S. Nav	al Hos	pital, B	ethes	la, Md.	
Montgomery	23a	BURIAL, CREMATIC	ON, 23b. DATE THERE	OF	23c, NAME OF CEME	TERY OR	CREMATORY	234-10CA)	UBN (Carolown, C	X-SOUPHY).	(SI	lote)
P.		Burial Specify	2/3/61		Cedar H	111	Cemetery	PRIN		M	aryland	i
ŭ	24	THE PAY PIRICIPLE		1 kg	ADDRESS S11			'D BY REGIST	RAR 256 REGIS	TRAR'S SIC		
MC	₩.	E. Pumph		l Hom	01 1			EB 7 '6	1 0.	Elma 8	Kind	

To FUNEAL DiffECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-trans t permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death ATTENBING PHYSICIAN: TIE law requires that the Inath centificate be executed within 14 haves TO HOSPITAL

VR A1S (4) 15M 9/59

death. Page 4 >



CERTIFICATE OF DEATH I director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY **b** COUNTY MARYLAND PRINCE GEO. CITY OR TOWN (If futs de carporate limits, write RURAL and give nearest tawn), c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fawn) Pinous d STREET ADDRESS IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION ON A FARM? 22 YES NO IZ puo .= 4/ DATE NAME OF Middle Month DECEASED DEATH oristine 1961 death (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 6. COLOR OR RACE MARRIED NEVER MARRIED campletely last birthday) WIDOWED [7] DIVORCED papers 12 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (State or foreign country) 10a, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) none none puo 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME physician remove 17, INFORMANT Address S. ARMED FORCES? 16 SOCIAL SECURITY NO NONE attending please INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I DEATH WAS CAUSED BY-Acute Interstitial Pneumonia, severe, hemorrhagic IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) certificate has been signed gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. burial-transit physician PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY cremation. PERFORMED? YES X NO I Severe acute cerebral edema ar aftending 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part II or Part II of Item 18.) CERT (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20f (City or town) (County) (State) factory, street, office bldg., etc.) Hour a m. While Not while at wark at wark p. m. ta 5 150 mag 21 1 certify that (1) (this haspital) attended the deceased fram... 7.64., 19...., that (1) (we) last detached and that death accurred and M, from the causes and an the date stated above. 1961 saw the deceased alive an TO FUNERAL DIRECTOR: 226 DATE 22e SIGNATURE 1/16/61 S GNED ATTENDING PHYS. DIRECTOR T PHYS þe M D Board 22d. ADDRESS 22c. PHYSICIAN'S 3 shauld NAME (Type) E. COCHRAN Pershing Dr., Silver Spring, Md. 235 DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION 23d LOCATION (City, town, or county) (State) GATE OF HEAVEN CEMETERY 1/18/61 MONTGOMERY COUNTY. MD. 25h REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR STEVER SPRING, MD. JAN 2 5 '61 Chilling S. Kraus DATE



death. Page 4

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

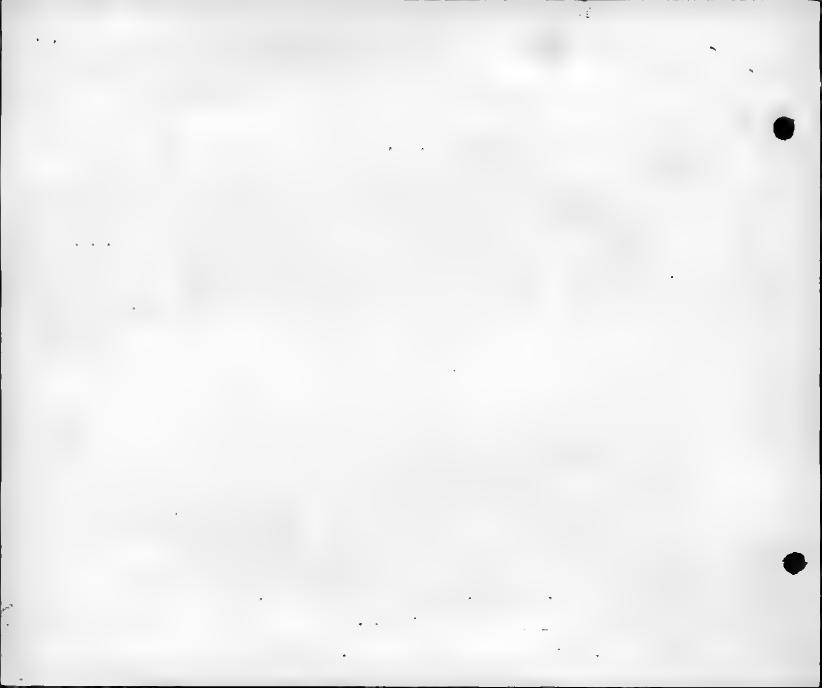
TO HOSPITAL Q

VS A15 (4) 1SM 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 232

## **CERTIFICATE OF DEATH**

	CH T							Keg. UIST, I	NO.	
PLACE OF DEATH COUNTY Montgome:	, , , , , , , , , , , , , , , , , , ,	MARYLA	1.5	North	Caro	ere deceased I	ved. If institution b. COUNTY	Residence to	sefore odmi	ssion) V
	f outside corporate limits, writ	e c. LENGTH OF STAY IN	16	c CITY OR I	OWN (If a	utside corporol	e limits, yeule RUI	RAL and give	negrest toy	wn)
Bethesda		33 days		Ralei	gh		1/	01	-	
d NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give str	eet oddress)		d. STREET A	DDRESS					ESIDENCE A FARM?
The Clinic	cal Center, Be	ethesda 14, Md		2709	Saint	Mary s	Street			NO 🔀
3. NAME OF DECEASED	First	Middle		Los		4. DATE	Month		Day	Yeor
(Type or print)	Jane	Ellen		Ham	lin	DEATH	January		8	19 61
5. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	8. 0	ATE OF BIRTH	1	9.		Months Day		
Female	41 / 4/4/4 / (2)	OWED DIVORCED	-	edmaps			9 yrs.	Months Day	ys Hours	Min
10a. USJAL OCCUPATION during most of work	ON (Give kind of work done I ing life, even if retired)	06. KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPL	ACE (Stole o	or foreign cour	itry)			T COUNTRY
Student		None				rolina		U	S.A.	
13. FATHER'S NAME				4. MOTHER'S						
W. Fred Ha						rine Ke				
(Yes, no or unknown)	R IN U. S. ARMED FORCES?						COPd Addres			
No			The	Clinic	al Ce	nter, I	ethesda_	14, M	arylar	nd
	TH [Enter only one couse pe							1,1	NTERVAL B	ETWEEN D DEATH
PARTI. DEA	TH WAS CAUSED BY:	<u>onchopneumonia</u>	and	llung	absce	S <b>S</b>			2 mont	
200/	DUE TO									
Conditions, if or	ny, which ) (b) Cy:	stic fibrosis							Life	
couse (a), stating										
lying couse lost.	) (c)								<u> </u>	
		NS CONTRIBUTING TO DEATH						1 IN PART 1(o	PERFO	ORMED?
	S UNDERLYING COME 206. SECOND CAUSE OF DEATH MEDICAL EXAMINER	DESCRIBE HOW INJURY OCC	JRRED (E	inter nature of	injury in P	ori I or Part II	of item 18)			
20c. TIME OF INJUR Hour o. m. p. m.	wh.		foctory	OF INJURY (F , street, office	lome, form, bldg., etc.)	20f. (City of	lown)	(Coun	ity)	(State)
21. I certify th	at I attended the dece	eased from Decembe	r 6	, 1960	to Ja	nuary (	1961,	that I last	sow the	decease
alive on Jan		261,, and that de	oth ac	curred at	4:00 .	AM. from	he causes an	d an the	date stat	ted abay
1 1.	00.	•					t, city or town, st			PATE SIGNE
SIGNATURE A	Mian J. A	ner	M.D	The C	linic	al Cent	er		1,	/8/61
PHYSICIAN'S		)		Natio	nal I	nstitu	es of He	ealth		
NAME (Type) W	LLIAM O. JONES	M.D.		Bethe	sda 1	h Mary	rland			
220. BURIAL, CREMATION REMOVAL (Specify)	N. 226. DATE THEREOF	22c NAME OF CEMETER	Y OR CI	REMATORY			N (City, town, or	county)	(510	ife)
<u>surial-tra</u>		Montlawn	Mem	· rar	C	Rale	igh, No	rth C	arol	ina
23. FUNERAL DIRECTOR'S ROBERT		ADDRESS Bethesd	a. 1	10.	240. REC'D	BY REGISTRA	R 24b. REGISTI	RAR'S SIGNA	TURE	
A TO THE REAL PROPERTY.	A TO A A PART A PARTY TO		CA B A	m hade	m a them		1		A PARAMETER	



TE!	3	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  1 0.95%	છ
ERT.		PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before adms	D .
X		I, COUNTY B. STATE B. COUNTY	110-17
	$\leftarrow$	Mentgomery  Maryland  Montge  CITY OR TOWN (if outside corporate limits, 'c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	_
		write RURAL and give nearest lown)	
Ž	-	Wheaton 3 yrs. Wheaton  NAME OF HOSPITAL OR INSTITUTION 'if not in hospital, give street address) d STREET ADDRESS  •. IS RESIDE	
<u>'</u>	•	ON A FA	
		3108 Parker Ave. YES No Name of A Date Month Day Yes	30
	1	DECEASED	
-1		Type or print) Theodore T. Hanford, Jr. DEATH 1 27 19 61	
	5.	last birthday) Months Days Hours 1 M	HRS.
		ale White Widowed Divorced 12/9/11 49 yrs.	
k		12. CITIZEN OF WHAT COUNTY II. B RTHPLACE (State or foreign country)	ITRY:
		U.S. Gov. N. J. U.S.A.	
4	13.	FATHER'S NAME	
	1	Theodore T. Hanford, Sr. Eva Miller	
7	15. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address, no, or unknown) (Ifyasgivewarordalesofservice)	
		yes   WW # 2   Mr. C. Virginia Hanford, 3108 Parker Ave.	
	1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  Silver Spring, Md. INTERVAL BETWEE ONSET AND DEATH WAS CAUSED BY	
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (-)  Fat embolism	
		58 3 DUE TO	
		Conditions, if any, which Hepatic Fatty metamorphosis	
		gava rise to immediata causa  (a), stating the underlying  DUE TO	
		cause last. (c)	
	3	PART II. OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(B), 19. WAS AUTO	
	EV	PERFORMED YES V NO	$\Box$
ĺ	CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Entar natura of Injury In Part 1 or Part II of Item 18.)	
	- 1	PRIMARY E.J. OF CONTRIBUTING L.J. CAUSE OF DEATH.	
	3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, form, 201, (City or town) (County)	o) -
	MEDICAL	Hour m.m.  Whila Not While factory, street, office bldg., etc.)	
	- 1-	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion	on.
		death resulted from. Natural causes . Accident . Suicide . Homicide . Undetermined manner	
1		CHIEF MEDICAL EXAMINER	
		ACTUAL A ASSISTANT MEDICAL EXAMINED TO THAT STORMET	0
1		SIGNATURE MODIFICAL EXAMINED TO	
1		NAME (Type) FIAPIL J. BOUSCHART Address (Street, city, town, or county)	
	22a.	BURIAL, CREMATION 22b. DATE THEREOF 2c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (Stata)	
	BU	REMOVAL (Specify) RIAL  ARLINGTON NAT'L. CEMETERY ARLINGTON. VIRGINIA	
	73×	EUNERAL DIRECTOR PROPERTY THE CONTROL OF ADDRESS OF THE CONTROL OF	
	WF.	aymond U. Jiska SILVER SPRING, MD. DATE FEB 3 '61 Couchus S. Kinus	
		A STATE OF THE STA	



#### STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I vad, If institution, Residence before edmission) a. COUNTY C. MARYLAND b. CITY OR TOWN (if outs de corporete limits c LENGTH OF STAY IN 16 c CITY OR TOWN (If putside corporete limits, write RURAL and give necrest town) write RURAL and give nearest fawn) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) NAME OF OF DECEASED (Type or print) AGE (In years IF UNDER I YEAR IF JNDER 24 HRS. 6 COLOR OR RACE 7, MARRIED NEVER MARRIED 5. SEX løef birthday) Months WIDOWED A 1 12. CITIZEN OF WHAT COUNTRY? (County & State, or foreign country) (1. Wil el ex 210 13. FATHER'S NAME MOTHER S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give war or dates of service, 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) DUE TO ,bi gieve rise to immediate cause **DUE TO** (e), stating the underlying IAL D SEASE CONDITION & VEN IN PART I(\*) 19. WAS AUTOPSY PART I OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH 200 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Pert I or Part II of Item 18.) 20d INJURY OCCURRED 20s. PLACE OF NJURY (Home, farm. 20f. (City or town) (County) 20c, TIME OF INJURY Month, Day, Year fectory, street, office bidgi, etc.) Not While Hour em. at work et work 21. I certify that (I) (this hospital) attended the deceased from January 2 ... 19 6 1, to 1.5.1 u. a.c.s., 17, 19 L.L, that (I) (we) last , and that death occurred at Jam, from the causes and on the date stated above saw the deceased alive on ARNUASMIT 19.61 22. SIGNATURE ATTENDIN PHYS. DRECTOR PHYS. G.M 22d ADDRESS

e. IS RESIDENCE ON A FARM? YES NO

Year

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO "

(State)

22b. DATE

(Stete)

arthur S. Heart

**P**OCATION

JAN 2 0 '6

REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

SIGNED

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O HOSPITA death. Page 4 O FUNERAL O

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VR A15 (4) 15M 9/60

230, BURIAL, CREMATION



Year

(State)

25b. REGISTRAR'S SIGNATURE

Chilbur S. Kraus

250 REC'D BY REGISTRAR

DATE JAN 2 5 '61

**ADDRESS** 

517 llth.ST. S.E. WASH.DC

FUNERAL DIRECTOR: A page 3 shauld be 6 page 3 sh the State 0 0 VR A15 (4) 1SM 9/59

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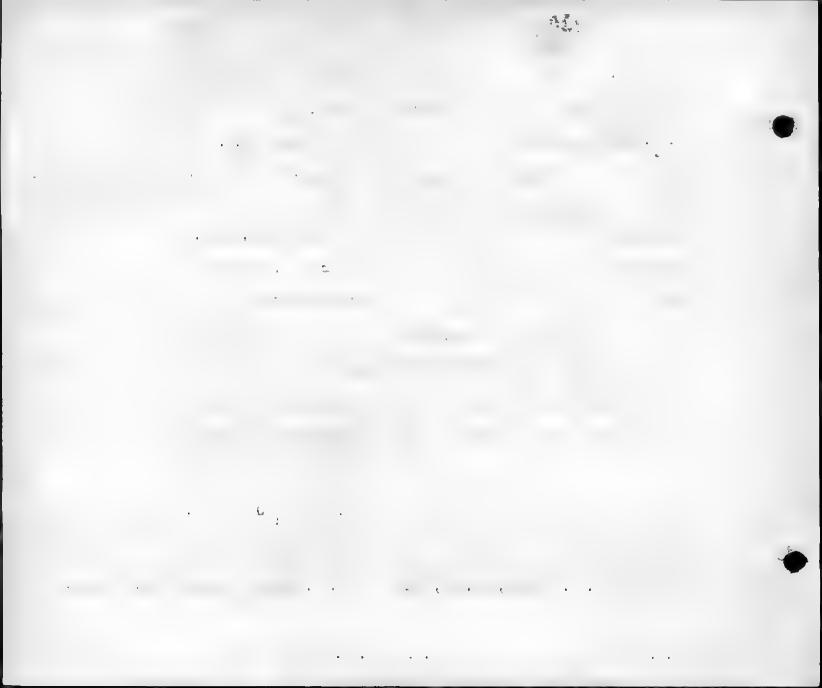
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Board

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W.W. CHAMBERS

DIRECTOR'S SIGNATURE



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TO HOSPITAL (ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a 24 haurs in death. Page 4	may be retained by the haspital as attending physician  10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director,	page 3 should be detached for use as the burnal-transit permit. Then please remove perfect, pages 1 and 2 should be filled with	the State Board of Health prior ta burial, cremation, ar remayal, and in any event, within 72 hours after death,	
-	- E	Plan	200	
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VR A15 [4] 15M 9/59

090	CERTIFICA	CIE OI DEATH					J.E.
1, PLACE OF BEATH G. COUNTY		2 USUAL RESIDENCE (WHO STATE		If institution	n: Residence befo	ore admiss	ion)
MONTGOMERY	MARYLAND	MARYLAND			TGOMERY.		
b. CITY OR TOWN (If outside corporate limits, writ RURAL and give nearest town)	e c LENGTH OF STAY IN 16	CITY OR TOWN (If a					1
OLNEY	3 DAYS	OLNEY.					
d. NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION	ect oddress)	d. STREET ADDRESS					FARM?
MONTGOMERY GENERAL	HOSPITAL	<u> </u>				153	NO D
I NAME OF First DECEASED	Middle	Last	4. DATE OF	Manti	. 0	lay 1	Yeor
(Type or print) CAROLYN	Howard	HARVEY	DEATH	JANUA	RY 10	1	19 61
SEX 6 COLOR OR RACE 7. M.	ARRIED 🔀 NEVER MARRIED 🔲	B. DATE OF BIRTH	9 AGE	(In years	IF UNDER TYEA	R IF UNDE	R 24 HR
	OWED DIVORCED	9/391900		birthday) O yrs.	Months Doys	Haurs	Min,
00 USUAL OCCUPATION (Give kind of work done in				0 7 7 1	12 CITIZEN O	TE WHAT	CHINITES
during most of working life, even if retired)		131KI II BIKITII CACL 131018	or roteidir coomis)		12 CHIZEINO	· MINIC	CONTRI
Teacher	Teaching	MARYL	AND		U.S	S. A.	
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME				
HENRY HOWARD		MARY ELG	RENCE JON	IE C			
	16. SOCIAL SECURITY NO. 17	NFORMANT	RENGE DUT	Addre	255		-
(Yes, no, or unknown) (If yes, give war or dates of service)							
no	none	HOSPITAL REC	CORDS (	LNEY,	Mp.		
18 CAUSE OF DEATH [Enter only one cause pe	r line for (a), (b) and (c)					TERVAL BE	
PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Multipl	, klyd	7116		0.1	<- 4,	L
DUE TO						1	
5/ V 2 /	= 1111to	stonis					
Conditions, if any, which (b)(b)	6 /000 4						
couse (a), stating the under-							
lying cause last. (c)							
PART II OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CONT	DITION GIVE	N IN PART 1(a)	19 WAS /	AUTOPSY
**						YES D	RMED?
PART II OTHER SIGNIFICANT CONDITION  200 ACCIDENT WAS LINDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED (Enter nature of injury in	Port I or Part II of i	tem 18 )		1100	110
(IF EITHER, NOTIFY MEDICAL EXAMINER)							
	I INJURY OCCURRED 20e. P	LACE OF INJURY (Home, farm	. 20f (City or low	n}	(County	1)	(Stoke
Hour a.m	i te i dei willie	actory, street affice bldg , etc	1				
	work of work		50 1				
21. I certify that (I) (this hospital) atte	ended the deceased from	act 19	5 9 10 2	u	19 6 / 1	hat (i) (	we) lo:
saw the deceased alive on Jan	196/, and that	death accurred a	M. from the c	auses ond	on the dot	e stated	above
22o SIGNATURE							b DATE
-A. 3 ()	N	M.D PHYS DI	ED STA	FF C			SIGNE
22s- PHYSICIAN'S		22d, ADDRESS	IKECIOK [] 1811	3 [_]			-
NAME (Type)	14 (2)		- 6	14-			
A. D. BONI	FANT, M. D.	SAN	DY SPRINC	i, MD.			
23g BURIAL, CREMATION, 23b. DATE THERFOF REMOVAL (Specify)	23c NAME OF CEMETERY	OR CREMATORY	23d LOCATION (C	lity, tawn, a	r county)	(Stat	e)
Burial 1-13-60	St. John's		Olnev.	Mc	ont.	Md	1
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR	25b REGIS	TRAR'S SIGNATI	URE	
They Barbe	) T	DATE JA	N 1 3 '61	Cal	Chun, S. Kno	Naga A	
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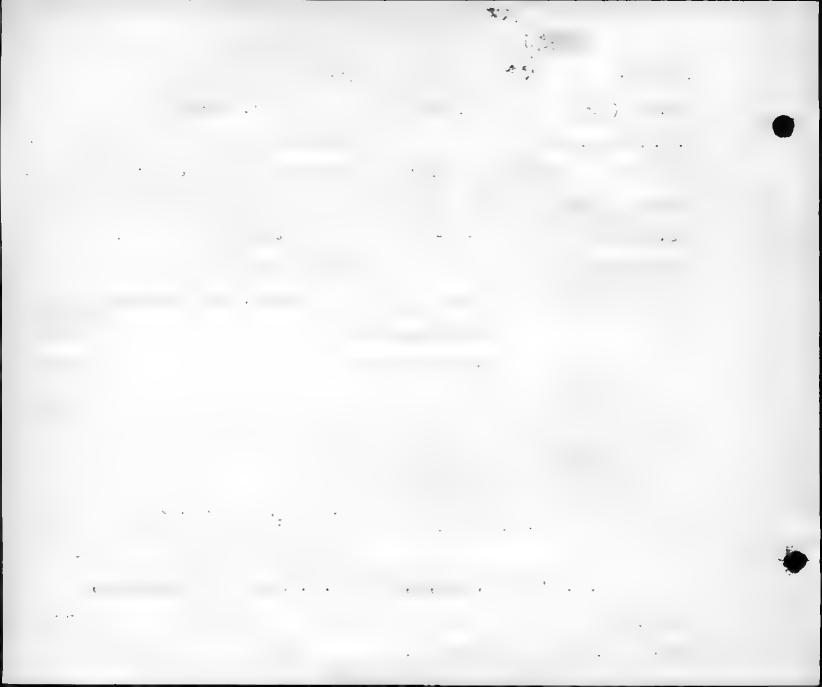


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а.	-	0		- Alm
O HOSPITAL CANTENDING PHISICIAL		TO FUNERAL DIRECTOR: After this certified		

VR A15 (4) 1SM 9/S9

o. COUNTY Montgomery	7		MARY	LAND	2 USUAL RESIDENCE (WE o. STATE Virginia	tere deceased	Lived If institute b. COUNTY		e before adm	ission)
b. CITY OR TOWN RURAL and give	(If outside corporate time	ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If a	outside corpor	ota limits, write R	URAL and gi	ve regrest to	wn)
Bethesda			20 days		Country Hil	lls, F	airfax		The state of	- ST.
d NAME OF HOS OR INSTITUTION	PITAL (If not in hospito), g	jive street	oddress)		d. STREET ADDRESS				e 15 f	ESIDENCE LA FARM?
	al Hospital				207 Andove	e Drive				□ NO 3
3. NAME OF	For	'st	Middle		last	4. DATE	Mor	ıth	Day	Year
DECEASED (Type or print)	Hel	en	Mari	e	HAWKES	OF DEATH	Jan	uary	8	19 61
5. SEX	6. COLOR OR RACE	7 MARI	RIED NEVER MARRIE	□□	8 DATE OF BIRTH		9 AGE (In years lost bythday)	<b></b>	YEAR IF UN	-
Female	Caucasian	WIDOW	ED DIVORCE		2-18-10		50 yrs	Months !	Days Hou	rs Min.
100 USUAL OCCUPA	TION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS O	RINDU	STRY 11 BIRTHPLACE (Slote	or foreign co	ountry)	12 CITIZ	EN OF WHA	I COUNTRY?
Housewife		'			New Je	ersey		U	SA	
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME				
Dennis B	ARRY				Margaret R	ICE				
	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17 11	NFORMANT		Add	lress.		
(Yes, no, or unknown)	(If yes, give war or dates of s	ervice)	None	(F	H) Wm. M. Hawk	ces, s	ame as #	2 abov	e	
Conditions, if gave rise to couse (o), statin lying couse los	immediate DUE TO	) C:	rrhosis of	liv		INAL DISEASE	CONDITION GI	VEN IN PART	1(o) 19 WA	ROWD.
🕯 🔄 OR CONTRIBUTIN	WAS UNDERLYING	20b DES	CRIBE HOW INJURY OF	CURRE	D. (Enter nature of injury in	Port 1 or Port	II of item 18)			FORMED?
	FY MEDICAL EXAMINER) URY Month, Doy, Ye	or 20d 1 While of wo	Not while		ACE OF INJURY (Home, forn ctory, street, office bldg., etc		or town)	(C	ounty)	(Stote
saw the dece	hot 📆 (this hospita ased olive on 📜				Dec. 19	60 to	the couses or	19 <u>6</u> nd on the	1 that (2 dote stot	ed obove.
220. SIGNATURE	7400				M.D. PHYS D	IED IRECTOR 🔲	STAFF PHYS 🔣		1-8	226 DATE SIGNED
22c PHYS CIAN': NAME (Type		NNEL	L, ICDR,MC,	USN	U. S. Nav	val Ho	spital,	Bethes	da, Mo	ι.
Bur Leol - Trai			23c NAME OF CEME		R CREMATORY  National		ION (City, town, ington	ar county)	Virgi:	itote) 1 <b>18</b>
24 JUNERAL PRECTO	Dineral Home		Aboress			D BY REGIST		ISTRAR'S SIG		



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Continues of the contin

W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) . COUNTY Page b. COUNTY files. MARYLAND b. CITY OR TOWN bit outside LENGTH OF STAYLIN 16 c. CITY OR TOWN ( f outside corporate limits, write RURAL and give neerest town) director, YOUL 성 STREET ADDRESS Po d. NAME OF OR INSTITUTION by not in hospitel, give street eddress a. IS RESIDENCE Boa ON A FARM? and 3 to the funeral retained State YES NO K death NAME OF ddle DATE DECEASED OF he [Type or print] DEATH 19 will 5. SEX MARRIED NEVER MERRIED 8. DATE OF AGE (In yeers IF UNDER I YEAR last birthdey) Months | Days IF UNDER 24 HRS Months Days 11. BIRTUPLACE State or fore on country) 26 5 and 72 ho 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME PMS 14. MOTHER'S MAIDEN NAME ARMED FORCEST 16. SOCIAL SECURITY NO. 1 17. Address (Yes, no. or unkown) | (Hyesa 18. CAUSE OF DEATH [Enter only one cause per (e), (b), end (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Office DUE TO burial Conditions, if eny, which (6) geve rise to immediate cause 40 DUE TO (e), stetling the underlying 98 cause lest. used cremation. PART II. OTHER SIGN.F. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4), 19. WAS AUTOPSY PERFORMED? 2 the word NO Medical CERTIFICA plnods 206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Hem 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. please execute the certificate, writing (7) should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 7 20s. PLACE OF INJURY (Home, farm, 1 20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 20f. (City or town) (County) (Stote fectory, street, office bldg., etc.) While Not While Hour a.m. et work at work prior Inspection 21. I certify that I took cherge of the remains described above, held an Autopsy XI Inquiry and in my opinion agent, death resulted from. Natural causes is Homicide Undetermined manner Accident Suicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE designal DEPUTY MEDICAL EXAMINER F DEPUTY EXAMINER'S NAME (Type) Address (Street, city, town, or county) 226, BURIAL, CREMATION | 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) A REMOVAL (Specify) 40 ra **FUNERAL DIRECTOR ADDRESS** 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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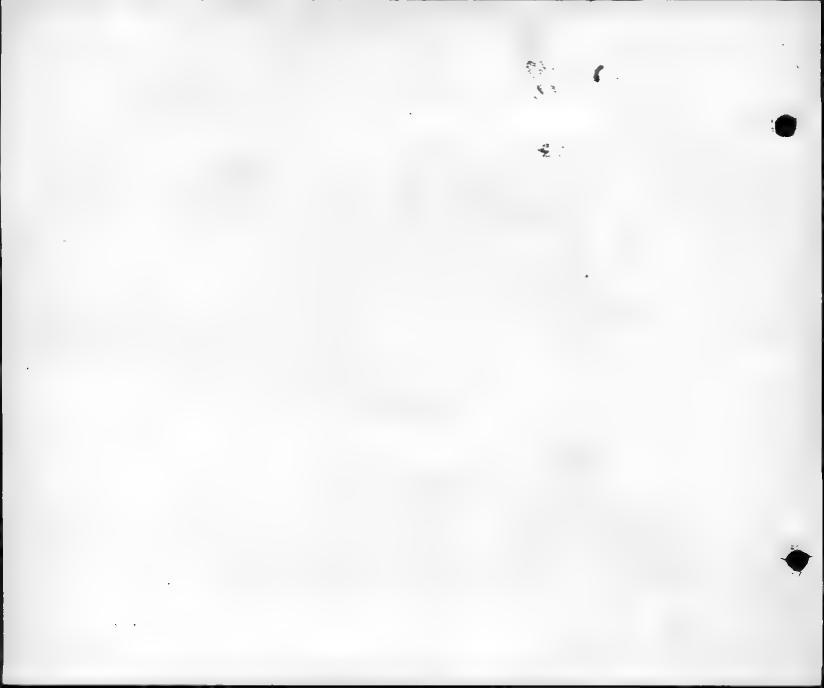
PLACE OF DEATH	-				H .	USUAL RESIDENCE (Who	ere decease	d lived. If institut	ion Reside	nce befor	e odmiss	ion)
MONTG	OMÉRY			MARYLANI		MARYLA	ND	b. COUNTY	MONTG	OMER	Y	
	(If outside corporate limit	ls, write	c. LENGTH	OF STAY IN 11	,	CITY OR TOWN (If o	utside corpo	rote limits, write I	RURAL ond	give nea	rest town	}
-	NEY		22	HRS.		C ROCKVI	LLE					
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, g		oddress)		3	d. STREET ADDRESS				1		FARM?
MON	TGOMERY GENI	ERAL	HOSPIT	TAL		16 WIL	LIAM	STREET			YES [	NO X
NAME OF DECEASED	Fire	s†		Middle		Lost	4. DATE OF	Mo	nth	Day	7	feor
(Type or print)	NELLS	Ē	Ρ.		HE	LPHENSTINE	DEATH	. JAN	UARY	12		19 61
SEX	6. COLOR OR RACE	7. MARR	NEVI	ER MARRIED	) 8. D/	AJE OF BIRTH		9. AGE (In years last birthday)		RIYEAR		
FEMALE	WHITE	WIDOWI	ED 🗍	DIVORCED	В	/19/1882		78 yrs	Months	Days	Hours	Min
Da JSUAL OCCUPAT	ON (Give kind of work of	lone 10b.	KIND OF BU	JSINESS OR INI	DUSTRY		or foreign c			TIZEN OF	WHATC	OUNTR'
HOUSEW	rking life, even if retired) I A					Crancia				U. S	В	
3. FATHER'S NAME					114	GEORGIA	AME			0,0		
	. / -											
JOSEP		P Tesa Tes	COCIAL CEC	HOLTY NO. To-	IMEAS	LURA T.	Hoss	A. 8	dense			
S. WAS DECEASED BY Yes, no, or unknown)	ER IN U. S. ARMED FOR! (If yes, give wer or dates of se	ervice)   16.	SOCIAL SECI	UKILT NO. 17	INFOR	PLANTI		Add	dress			
					Hos	PITAL RECOR	DS.	OLNEY,	MARY	LAND		
18. CAUSE OF DE	ATH [Enter only one co	use per lic	ne for (o), (b)	), and (c), ]						INTE	RVAL BE	TWEEN
DARK COL				to anna fatil		and Mary						
PARI I, DE	ATH WAS CAUSED BY		g car	36. 0	-ya #	P				3	rea.	
/LA	IMMEDIATE CAUSE (a)		9 01 coc 0	2 re ; 0	cce	legera-				2	cla.	rs.
420	IMMEDIATE CAUSE (o)  DUE TO		olive o	2re, 0	u	herry !		,		2	cla-	10
420 Conditions, if	IMMEDIATE CAUSE (o) DUE TO ony, which )		Correction of the Section of the Sec	orche	rel	Cardio	101 <u>1</u>	celtris.	lle su	2 240=	<u>cla</u> 1 5	ezt
420	IMMEDIATE CAUSE (a) DUE TO ony, which (b) immediate (CAUSE (a)		Green Ester	orele	radi	Cardie	1 <i>04.11</i>	eccitaris p	the su	2	erae 1 S	10 -
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Conditions, if gove rise to couse (o), stoting lying couse lost	IMMEDIATE CAUSE (o)  DUE TO  ony, which ) immediate   DUE TO		CONTRIBUTION	orche	and sur Not	Candis	NAL DISEAS		LE ZO	2	S WAS	AUTOPS'
Conditions, if gove rise to couse (o), stoting lying couse lost	IMMEDIATE CAUSE (o) DUE TO Ony, which immediate the under to (c) THER SIGNIFICANT CONT			orche	and not	Candy Candy	NAL DISEAS		VEN IN PA	2	- S P WAS . PERFO	AUTOPS'
Conditions, if gove rise to couse (o), stating lying couse lost  PART II O'	IMMEDIATE CAUSE (o) DUE TO DUE, validation (b) Immediate the under: The under:  (c) CHER SIGNIFICANT CONI	DITIONS C	me	oxele		T RELATED TO THE TERMI		E CONDITION GI	VEN IN PA	2	- S P WAS . PERFO	AUTOPSY RMED?
Conditions, if gove rise to couse (o), stoting lying couse lost  PART II O'	IMMEDIATE CAUSE (o) DUE TO Only, which immediate the under the under the control of the significant control of the under the control of the under	DITIONS C	me	oxele				E CONDITION GI	VEN IN PA	2	- S P WAS . PERFO	AUTOPSY RMED?
Conditions, if gove rise to couse (o), stoting lying couse lost  PART II O'  ZOD. ACCIDENT IN OR CONTRIBUTING (IF EITHER, NOTIF	IMMEDIATE CAUSE (o) DUE TO Only, which immediate the continuous form of the continuous form	DITIONS C	CRIBE HOW	NG TO DEATH B	RED (Er	nter nature of injury in F	Part Lor Par	E CONDITION GI		RT 1(o) [1]	- S P WAS . PERFO	AUTOPS' RMED? NO
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Conditions, if gove rise to couse (o), stoting lying couse lost  PART II O'  200. ACCIDENT WORK CONTRIBUTION OR CONTRIBUTION (IF EITHER, NOTIF	IMMEDIATE CAUSE (o) DUE TO Only, which immediate the under. Colling the Under Significant Continues of Death Medical Examiner;  RY Month, Doy, Yee	DITIONS C	CRIBE HOW	NG TO DEATH B INJURY OCCUR  JRRED 20e hille 20e	RED (E	nter nature of injury in F	Part Lor Por	E CONDITION GI		RT 1(o) [1]	- S P WAS . PERFO	AUTOPS RMED? NO
Conditions, if gove rise to couse (o), stoting lying couse lost PART II O' OR CONTRIBUTING OR CONTRIBUTING (IF EITHER, NOTIF Hour a.m. p. m.	IMMEDIATE CAUSE (o) DUE TO Only, which immediate the under: The under:  Color of the under:	DITIONS C	CRIBE HOW  NURY OCCL Not with all work	NG TO DEATH B	PLACE (foctory,	OF INJURY (Home form, street, office bldg., Sec.	Part Lor Por	E CONDITION GI		RT 1(o) [1]	P WAS PERFO	AUTOPS RMED? NO [
Conditions, if gove rise to couse (o), stoting lying couse lost PART II O' PART II O' OR CONTRIBUTING (IF EITHER, NOTIF Hour a.m., p. m.  21. I certify the	IMMEDIATE CAUSE (of DUE TO ONLY, which immediate I the under: CE THER SIGNIFICANT CONICE CONI	DITIONS C 20b. DESI or 20d. Il White of war	CRIBE HOW	NG TO DEATH B INJURY OCCUP  BRRED  CECCOSE  CECOSE  CECCOSE  CECOSE  CECCOSE  CECCOSE  CECCOSE  CECCOSE  CECCOSE  CECCOSE  CECOSE  CECCOSE  CECCOSE	PLACE (foctory,	OF INJURY (Home form, street, office bldg., 19	Part Lor Por	E CONDITION GI	·, 19¿	(County)	P WAS PERFO	AUTOPS' RMED? NO [
Conditions, if gove rise to couse (o), stoting lying couse lost  PART II O'  20c. ACCIDENT W. OR CONTRIBUTIN IIF EITHER, NOTIF Hour c. m. p. m.  21. I certify the	IMMEDIATE CAUSE (o) DUE TO Only, which immediate the under.  CE (c) THER SIGNIFICANT CONI TAS UNDERLYING TO GO CAUSE OF DEATH Y MEDICAL EXAMINER)  RY Month, Doy, Year	DITIONS C 20b. DESI or 20d. Il White of war	CRIBE HOW	NG TO DEATH B INJURY OCCUP  BRRED  CECCOSE  CECOSE  CECCOSE  CECOSE  CECCOSE  CECCOSE  CECCOSE  CECCOSE  CECCOSE  CECCOSE  CECOSE  CECCOSE  CECCOSE	PLACE (foctory,	OF INJURY (Home form, street, office bldg., Sec.	Part Lor Por	E CONDITION GI	·, 19¿	(County)	P WAS . PERFO YES   at (I) ('stoted	AUTOPS RMED? NO [ (Stot
Conditions, if gove rise to couse (o), stoting lying couse lost  PART II O'  TO CONTRIBUTION OR CONTRIBUTION (IF EITHER, NOTIF HOUR o.m., p. m.  21. I certify the saw the deced	IMMEDIATE CAUSE (of DUE TO ONLY, which immediate I the under: CE THER SIGNIFICANT CONICE CONI	DITIONS C 20b. DESI or 20d. Il White of war	CRIBE HOW	NG TO DEATH B INJURY OCCUP  BRRED  CECCOSE  CECOSE  CECCOSE  CECOSE  CECCOSE  CECCOSE  CECCOSE  CECCOSE  CECCOSE  CECCOSE  CECOSE  CECCOSE  CECCOSE	PLACE (Foctory,	of INJURY (Home form, street, office bldg., dec.	20f (City)	the couses a	·, 19¿	(County)	P WAS . PERFO YES   at (I) ('stoted	AUTOPS' RMED? NO [  (Stot above DATE
Conditions, if gove rise to couse (o), stoting lying couse lost  PART II O'  P	IMMEDIATE CAUSE (of DUE TO ONLY, which immediate I the under: CE THER SIGNIFICANT CONICE CONI	DITIONS C 20b. DESI or 20d. Il White of war	CRIBE HOW	NG TO DEATH B INJURY OCCUP  BRRED  CECCOSE  CECOSE  CECCOSE  CECOSE  CECCOSE  CECCOSE  CECCOSE  CECCOSE  CECCOSE  CECCOSE  CECOSE  CECCOSE  CECCOSE	PLACE (foctory,	of INJURY (Home form, street, office bldg., dec.	20f (City)	t II of item 18 }  y or town}  Page 12 the couses a	·, 19¿	(County)	P WAS . PERFO YES   at (I) ('stoted	AUTOPS' RMED? NO [  (Stot above DATE
Conditions, if gove rise to couse (o), storing lying couse lost  PART II O'  20a. ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF Hour a, m., p. m.  21. I certify the saw the decertion of the country of th	IMMEDIATE CAUSE (o) DUE TO Only, which immediate I the under. (b) If the under. (c) CHER SIGNIFICANT CONI  TAS UNDERLYING I G CAUSE OF DEATH Y MEDICAL EXAMINER; RY Month, Doy, Year 19 Oot (I) (this hospital used alive on 19	DOITIONS OF The total of the to	CRIBE HOW  NURY OCCL  Not what work  ded the de  2 19 2	INJURY OCCUR	PLACE (Foctory,	of INJURY (Home form, street, office bldg., dec.)  1960 1980 1980 1980 1980 1980 1980 1980 198	20f (Cir)	the couses of STAFF PHYS.   ECONDITION GI	, 192 nd on th	(County)	P WAS . PERFO YES   at (I) ('stoted	AUTOPS RMED? NO [ (Stot
Conditions, if gove rise to couse (o), stoting lying couse lost PART II O' PART II O' OR CONTRIBUTING (IF EITHER, NOTIF 20c TIME OF INJUMENTAL PROPERTY OF THE SAW the deced 22c SIGNATURE 22c PHYSICIAN'S NAME (Type)	IMMEDIATE CAUSE (of DUE TO ONLY, which immediate the under the und	DITIONS CONTROL OF 20d. II While of wor	CRIBE HOW  NURY OCCL Not wh k at work ded the de 2 192	NG TO DEATH B INJURY OCCUB BRRED 20e hille ceceased from 2 and tha	PLACE (Foctory,	of INJURY (Home form, street, office bldg., bc.  1960 19 h occurred of 19 ATTENDING MEPHYS. DII 22d. ADDRESS GA I 1	20f (Cit)	FECONDITION GI	nd on th	(County)	P WAS PERFO	(Store) DATE SIGNE
Conditions, if gove rise to couse (o), storing lying couse lost PART II O' 20c. ACCIDENT WOR CONTRIBUTING IIF EITHER, NOTIF Hour a.m.  21. I certify the saw the deced 22c SIGNATURE  22c PHYSICIAN'S NAME (Type)  3a BURIAL, CREMATI	IMMEDIATE CAUSE (o) DUE TO Only, which immediate the public to the publi	DITIONS CONTROL OF 20d. II While of wor	CRIBE HOW  NURY OCCL Not wh k at work ded the de 2 192	INJURY OCCUPATION OF THE PROPERTY OF CEMETERS	PLACE (Foctory,	of INJURY (Home form, street, office bldg., bc.  1960 19 h occurred of 19 ATTENDING MEPHYS. DII 22d. ADDRESS GA I 1	20f (Cit)  M, from  CECTOR   THE R S 8	the couses a STAFF PHYS.  URG MAR	nd on the	(County)	P WAS . PERFO YES   at (I) ('stoted	(Store) DATE SIGNE
Conditions, if gove rise to couse (o), stoting lying couse lost  PART II O'  20c. ACCIDENT WORK CONTRIBUTING OR CONTRIBUTING IIF EITHER, NOTIF  20c. TIME OF INJUMENT OF INJUM	IMMEDIATE CAUSE (o) DUE TO Only, which immediate the public to the publi	DITIONS CONTROL OF 20d. II While of wor	CRIBE HOW  NURY OCCL Not wh k at work ded the de 2 192	NG TO DEATH B INJURY OCCUB BRRED 20e hille ceceased from 2 and tha	PLACE (Foctory,	of INJURY (Home form, street, office bldg., bc.  1960 19 h occurred of 19 ATTENDING MEPHYS. DII 22d. ADDRESS GA I 1	20f (Cit)  M, from  CECTOR   THE R S 8	FECONDITION GI	nd on the	(County)	P WAS PERFO	(Stor
Conditions, if gove rise to couse (o), storing lying couse lost PART II O'  200. ACCIDENT WORK CONTRIBUTION (IF EITHER, NOTIF Hour o.m., p. m.  21. I certify the saw the decertion of the decert	IMMEDIATE CAUSE (o) DUE TO Only, which immediate the under. DUE TO THER SIGNIFICANT CONI THE UNDERLYING THE TO THE	DITIONS CONTROL OF 20d. II While of wor	NURY OCCL  Not wh  A work  ded the de  2 19 2  UM, Me  23c. NAME  GIRE	INJURY OCCUP  BRRED 20e  hile 2 and tha  C of CEMETERY  C NWOOD	PLACE (Foctory,	of INJURY (Home form, street, office bldg., lg.)  h occurred of lg.  ATTENDING ME PHYS. GA I 1  EMATORY	20f (Cit)  M, from  CECTOR   THE R S 8	t II of item 18 }  or town  the couses of STAFF PHYS.   URG, MAR  TION (City, town, 1 ington	nd on the	(County)	P WAS, PERFOYES (Stoted	(Store) DATE SIGNE

may be retooned by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, ar removal, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL

death. Page 4

VR A1S (4) 1SM 9/59



043	CERTIFICA	TE OF DEATH			1000	0
PLACE OF DEATH		2. USUAL RESIDENCE (Who	ere deceased byed. If ins		before admission)	1
Most Gomeey	MARYLAND	Maryland	B. COL	MonTa	C.131 91.34	
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (IF at	utside corporate limits, wi			
Takoma Park	1 day	Silve	Sprine	a 1		
d. NAME OF HOSPITAL (If not in hospital, give stre	et address)	d STREET ADDRESS			e. IS RESIDEN	NCE RM2
	nium + Hospile	711 Wa	YNO a	vel	YES N	
3. NAME OF First	Middle	Lost	4. DATE OF	Month	Day Year	-
(Type or print) Eleanor	Flizabeth	Hennessy	DEATH	Jan	/ 194	
S SEX 6 COLOR OR RACE 7 MA	RRIED NEVER MARRIED	B. DATE OF B RTH	9 AGE (in y last birtho		YEAR IF UNDER 2-	4 HRS Min,
Fe W WIDO	WED DIVORCED	10-9-76		yrs		,,,,,,
10a. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	6. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State of	ar fareign country)	12 CITIZE	N OF WHATCOU	NTRY?
house wife (retired)	Own home	mary	and		mer	
DIEN NAME	,	14. MOTHER'S MAIDEN N	AME			
Mobert Mc Ac	lams	Mary	PRICE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or doles of service)		FORMANT	$\supset$ .	Address		
NO	NONE	TOSPITAL.	records			
1B CAUSE OF DEATH [Enter only one couse per	line for (o), (b), and (c).)		cé s		ONSET AND DE	EEN ATH
PART I DEATH WAS CAUSED BY:	Careline D	ceared serv	· slear		246	
DUE TO	11 1				10 (10	
Conditions, if any, which (b)	Willest Curron	<u></u>			Me cry 7	إمسال مسال في د
couse (a), stating the under-	Charles D.	2 12 col			4 6	
lying couse last (c) -	arra suz y c	course soci	200 5 4 42			landa la
PART II OTHER SIGNIFICANT CONDITION	S CONTRIBLTING TO DEATH BUT	NOT RELATED TO THE TERM!	NAL DISEASE CONDITION	N G VEN IN PART I	PERFORME	ED?
3. Petalella,	Melletine				YES N	0 [2]
OR CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in P	ort Lar Part II of item 11	1		
2	£	ACE OF INJURY (Home, form, tary, street, office bldg etc.	20f (City or town)	(Ca	unty)	(State)
0 Hour o. m Wh. p. m. 19 of w	rork of while	italy, meet, office blog exc	1			
21. 1 certify that (I) (this haspital) atte	nded the deceased fram	Quely 190	60 10 Jan	1 1961	, that (1) (we	) last
saw the deceased alive an Rice	3/1960, and that d	leath accurred of	M. framthe cause			
220 SIGNATURE	7				, 22b D/	ATE GNED
Ministen &	1000		RECTOR PHYS	1	1/4/6/	
122c PHYSICIAN'S MERRILL A	1. CROSS	22d ADDRESS 2	1 Shrew	grandenie	10	
230 BURIAL CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY OF	P CPEMATORY	23d LOCATION (CITY, 10	and the second	(Stote)	
BURIAL (Specify) 1/4/61	NEW CATHEDRAL	CEMETERY	BALTIMORE,		(Stote)	
WARNER E. PEMPHREY: INC.	SILVER SPRING	i, MD.	BY REGISTRAR 256	REGISTRAR'S SIGN	1 .	
Duymout a sinka		DATE	ALL O	Christing &	Meales"	

VR A1S (4) 1SA4 9/59



ITENDING PHYSICIAM: The law requires that the death certificate be executed within 24 haurs

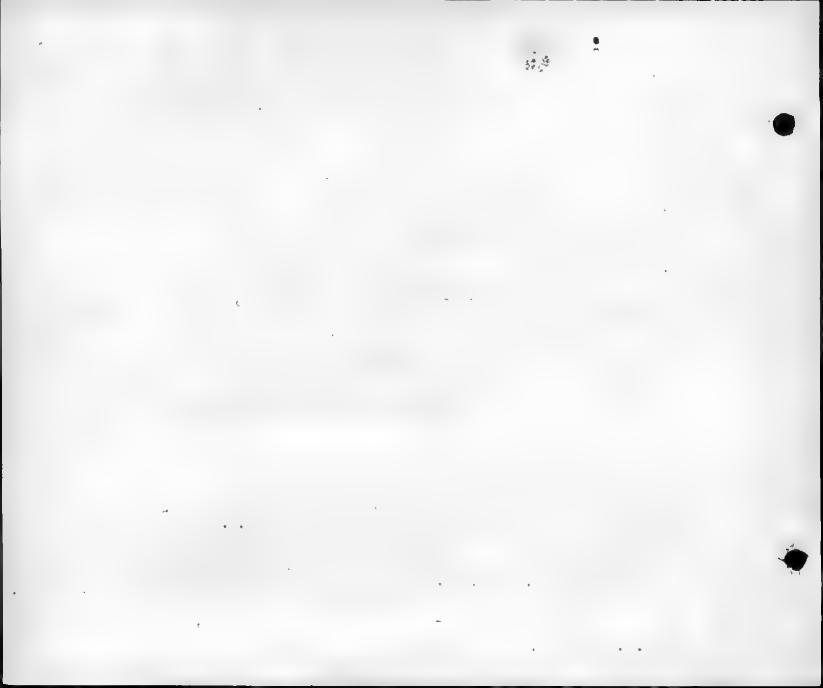
TO HOSPITAL C

VR A1S (4) 1SM 9759

5

844

1,	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) o. STATE b. COUNTY				
	Montgomery	MARYLAND	Kentu	cky b. coul	<b>NIA</b>		
	b CITY OR TOWN (If outside corporate limits' write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If o	outside corporate limits, wri	te RURAL and giv	ve nearest town)	
	Bethesda	19 Days	Wallin	ns Creek			
	d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	t oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?	
	The Clinical Center		Box 3	35	7	YES NO	
3.	NAME OF First DECEASED	Middle	Lost	4. DATE OF	Month	Day Year	
	(Type or print) Lawrence	none)	Hensley		uary 27,	19 61	
S.	SEX 6. COLOR OR RACE 7 MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE ( n ye lost birthdo		YEAR IF UNDER 24 HRS	
L	Male White WIDON	VED DIVORCED	December 15,		yes.	oys Hours man.	
10	O USUAL OCCUPATION Give kind of work done 101 during most of working life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stote	or foreign country)	12.CITIZ	EN OF WHAT COUNTRY?	
_	Coal Miner	Mining	Kentucky			USA	
$\sqrt{13}$	, FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME			
	Joe Hensley		Addie Pope				
	(es, no, or unknown)   (if yes, give wor or deter of service)  .		FORMANT The Med	**			
			e Clinical Cer	nter, Bethes	da III, M	aryland	
	18. CAUSE OF DEATH [Enter only one couse per	•				INTERVAL BETWEEN ONSET AND DEATH HOURS	
	PART I DEATH WAS CAUSED BY GI	am Negative Sep	ticemia			nours	
	OC C 3 DUE TO					7.7 7	
	Conditions, if day, which (b) NO	crotizing Proct	itis			Weeks	
	couse (o), stating the under- DUE TO					- 1	
١,		ute Lymphocytic				12 years	
CERTIFICATION	Part II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE CONDITION	GIVEN IN PART	PERFORMED?	
- Pigi	206 ACCIDENT WAS UNDERLYING [] 206 DE	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part I or Part II of item 18.	}	ILIZE NO []	
MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d Hour o.m. While		ACE OF INJURY (Home, form ctory, street, office bldg, etc.	.) 20f (City or town)	, (Co	ounty) (Stote)	
MAF		ork O ot work					
	21 I certify that (I) (this haspital) after	nded the deceased fram.	January 8, 19	61 to January		, that (I) (we) last	
	saw the deceased alive on Januar	7 27 p 61, and that a	leath accurred at 8:2	M, frett the causes	and an the		
	22o. SIGNATURE	1	ATTENDING MI	ED STAFF ar		225 DATE	
	Eaward (	more	M.D. PHYS DI	RECTOR PHYS.		1/27/61	
	PAME (Type) EDWARD E. MOR	SE. MD.	22d ADDRESS The				
				of Health,		llı, Marylan	
2.	REMOVA (Specify) 1/28/61	23c NAME OF CEMETERY O	R CREMATORY	23d LOCATION (City, to		(State)	
-					entuck		
24	Cruneral director's signature Co29 (	)1 1 th St. A	W DATE	D BY REGISTRAR 256	EGISTRAR'S SIGN	NATURE	
L	- Wes	hington 9.D.	C DATE				



VR A1S (4) 1SM 9759

death. Page 4

[4:

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

845 CERTIFIC

H	1E OF DEATH
	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission, o. STATE b. COUNTY P.G.
,	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	COLMAR MANOR 18.4. 14-
	d STREET ADDRESS e. IS RESIDENCE

1.	PLACE OF DEATH		2. USUAL RESIDENCE (WI		on Residence before admission,
1,	o. COUNTY Plantanment	MARYLAND	o. STATE Md.	b. COUNTY	P.G. 1
-	b. CITY OR TOWN (If outside/corporate lights, write	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If o	outside corporate limits, write R	URAL and give nearest town)
1	RURAL and give nearest town;	4 days	CAMBR	MANDE	1/1.1.1.1.
Г	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d STREET ADDRESS	- rd 0	e. IS RESIDENCE ON A FARM?
L	Kinsington GARder	VIS DAN	3403-	43 HUE	YES NO P
3.	NAME OF PIRST	Middle	Lost	4. DATE Mon	th Day Year
	(Type or print) Martha Je	annette	14:11	DEATH /	8 1961
S	SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	8 DATE OF BIRTH	9 AGE (In years lost birthday)	Months Doys Hours Min.
	F WIDOWE	ED 🔀 DIVORCED 🗀	27 oct 188	9 79 40	Monins Doys Hours Min.
10	JSUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)			· ·	12 CITIZEN OF WHAT COUNTRY?
	Housewife	Own Home	Virginia	l .	4.5.11.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN I	VAME	
	John W: HANES		Unknow	n.	
		SOCIAL SECURITY NO. 17 1	NFORMANT	Add	ress
10	IS. no, or unknown) (If yes, give wer or dates of service)	He	rry Hill C	olmar Manor	Md.
F	1B. CAUSE OF DEATH [Enter only one couse per lin	ne for (a), (b), and (c)-]			INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY:	hoon book	le bitis		ONSET AND DEATH
	LA LA Y DUE TO	1110	Albert Martin Colonia		C. C.
	Conditions, if ony, which )				
	gove rise to Immediate				
П	lying cause lost.				
Z	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19 WAS AUTOPSY
CATION					PERFORMED?
	20d ACCIDENT WAS UNDERLYING 1 20b. DESI OR CONTRIBUTING 1 CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	ED (Enter nature of injury in	Port I or Port II of item 18 )	
CERTIF	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
13		NJURY OCCURRED 20e PI	LACE OF INJURY (Home, form	n. 20f. (City or town)	(County) (Stote)
MEDICAL	Hour o.m. While of wor	INUI WATE	octory, street, office bldg., etc	-/	
-	21 I certify that (I) (this haspital) attend		17 10	18/1 01. 6	1961 that (I) (we) last
	sow the deceased alive an111				nd an the date stated above
	220. SIGNATURE	1		in, non me causes of	₽25 DATE
	Donald /	elson	M D PHYS D	ED STAFF	1/8/61
	22c. PHYSICIAN'S		22d ADDRESS		
	NAME (Type) Ponald Ne	21son	10620	Jeordia (Ti	100 Silver Spring Mo
23	BUR AL, CREMATION, 236 DATE THEREOF	23c. NAME OF CEMETERY O	OR CREMATORY	23d LOCATION (City, town	or county) (State)
	REMOVAL (Specify)	N 173 . T.			

Fort Lincoln Cemetery Colmar ADDRESS 250 REC'D BY REG STRAR

24 FUNERAL DIRECTOR'S SIGNATURE F Gasch's Sons

Hyattsville, Md.

DATEJAN 1 3 '61

256 REGISTRAN'S SIGNATURE



CARRO

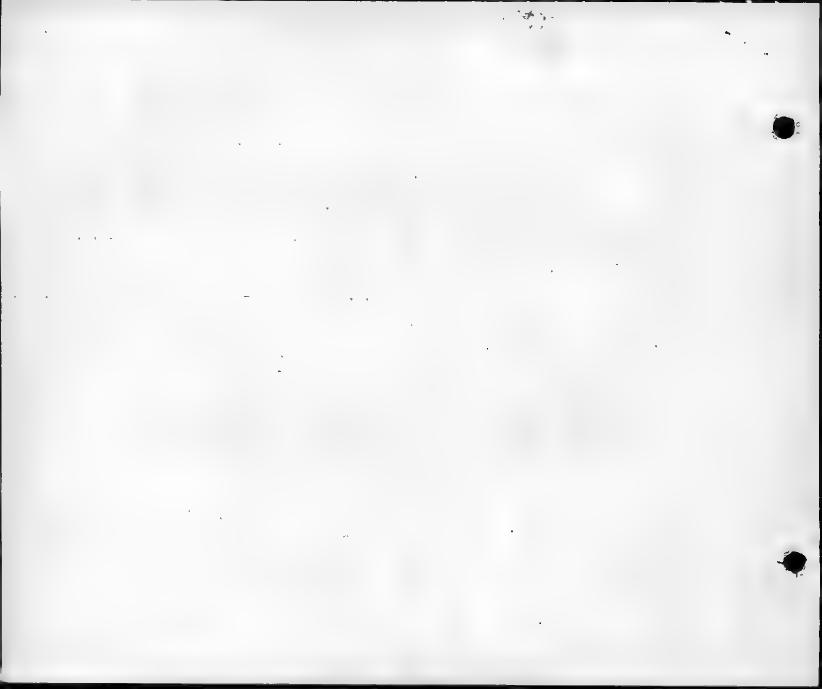
	3.4.5		CERTIFIC	ATE OF DE	AIII			O O O	0.0	
1. PLACE OF DEATH 0. COUNTY	ntgomery		MARYLAND	a. STATE	NCE (Where dec		institution. Resider OUNTY	nce befare admi	ission]	
b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		write c. LE	NGTH OF STAY IN 18		c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest					
Bethasda  d. NAME OF HOSPITAL (If not in hospital, give street ad OR INSTITUTION			15 days		Frackville d. STREET ADDRESS					
- Su	Suburban				13 N. 5th. Street YES ☐ NO E					
3. NAME OF DECEASED (Type or print)	First Mary		Middle <b>E</b> •	Last H <b>ink</b> e	1 4 DA	L HTA	Month anuary	20	Yeor 19 63	
SEX	6 COLOR OR RACE	MARRIED 🕽	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In last birt	n years IF UNDER			
Female	White	WIDOWED 🔲	DIVORCED [	Feb. 14	1893		67/rs.	Days Hour	S PAUL	
Od USUAL OCCUPAT during mast of wa Housewi	ON (Give kind of work do rking life, even if retired) <b>fe</b>	ne 10b KIND	OF BUSINESS OR INI	DUSTRY 11. BIRTHPLACE Penn	IE (State or fare	ign country)		IZEN OF WHAT	COUNTR	
3. FATHER S NAME				14. MOTHER'S N	AIDEN NAME			•		
Ri	Richard L. Bevan				la Thur	sby				
NO UPEROWN)	ER IN U. S. ARMED FORCE (If yes, give war or dofw of save  ATH [Enter only one coust	PHOR)		J.B. Rober	tson -	Valley	Drive,	Rockvil		
gove rise to immediate couse (a), stating the under-lying couse lost.    Due to										
OR CONTRIBUTION (IF EITHER, NOTIF	DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18 )  RIBUTING CAUSE OF DEATH R, NOTIFY MEDICAL EXAMINER)									
20c. TIME OF INJU Hour o.m.	RY Month, Day, Year 19		Not while	PLACE OF INJURY (Ho foctory, street, office b		(City or town)	i	(County)	(Sto	
21. I certify that (I) (this hashitat) attended the deceased from four 18										
Wellieuw frank MD ATTENDING MED DIRECTOR STAFF PHYS 120. ADDRESS NAME (Type)										
	YVICCIAN	17KT	YNK, M.	V. 1544W		GOMF	7 11	VR. NOS	Kul	
23d BURIAL CREMAT REMOVAL (Specif <b>Burial</b>			NAME OF CEMETERY Odd Fello	or CREMATORY  OWS Cemet			. town, of county)  11e, Pe		rate)	
24 EUNTRAL DIRECTO	R'S/SIGNATURE	7	ADDRESS	1 1	250 REC'D BY R	EGISTRAR 25	b REGISTRAR'S S	IGNATURE		

death Page 4

may be revained by the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 should be detoched far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL

VR A15 (4) 15M 9/59

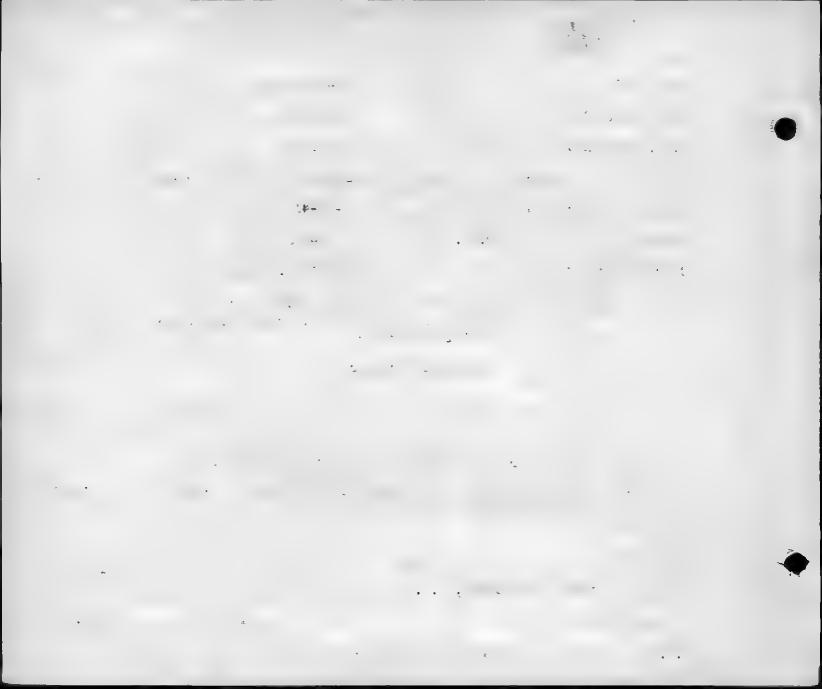


		89	47	CERTIFI	CATE OF	DEATH		·	Reg. Dist. No.	66	840			
	1.	PLACE OF DEATH MONTGOMERY	Y	MARYLAN	II o STATE	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a STATE MARYLAND b. COUNTY MONTGO BRY								
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fown)  7 yrs ROCKVII								de corporale limits, write RURAL and give nearest town)						
		or INSTITUTION 13,402	11 1	/ d. STREET ADDRESS 13,402 KEAT ING STREET										
	1	NAME OF DECEASED (Type or print) EMM	First	LEE Middle	11.64	osi 4	. DATE OF DEATH	Month	Do	7	(eq)			
		Female hait	e widowe	Type of the same o	6/18/8	2		E (In years birthday) A	UNDER I YEAR	Hours	R 24 HRS Min.			
	106. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (State or foreign country)  12 CITIZEN OF WHAT CO during most of working life, even if religned)  Clerk, Accounting Dept. Store  Louisa County, Virgin a U.S.A.													
\	13.	FATHER'S NAME JOHN WILLIAM WOOLE	14 MOTHER	MARTILA A. BIBB										
/		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT  Address    (If you, give wor or dores of service)   18-12-4316-A   Mrs. Geo. L. Ronk, 13,402   Keating St.												
	MEDICAL CERTIFICATION	PART I. DEATH WAS CAUSED IMMEDIATE CAUSED IMMEDIATE CAUSED IMMEDIATE CAUSED IMMEDIATE CAUSED IMMEDIATE CAUSED IMMEDIATE COURSE (a) stating the understyling cause last.  PART II OTHER SIGNIFICANT OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTION CAUSE OF	DEATH [Enter only one couse per line far (a), (b), and (c)]  1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  3 X DUE TO  4, if any, which to immediate lating the under lating the u								N IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO (County) (State)			
	220	BURIAL, CREMATION, 226. DATE THE REMOVAL (Specify) 1/30/6		22¢ NAME OF CEMETER ROCK CREEK		27   V	d. LOCATION (C	dy, tawn are	county)	(State	<u>, , , , , , , , , , , , , , , , , , , </u>			
		FUMERAL DIRECTOR'S SIGNATURE	INC.	SILVER SPR	ING, MD.		Y REGISTRAR	246 REGISTR	AR'S SIGNATUR	_				

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

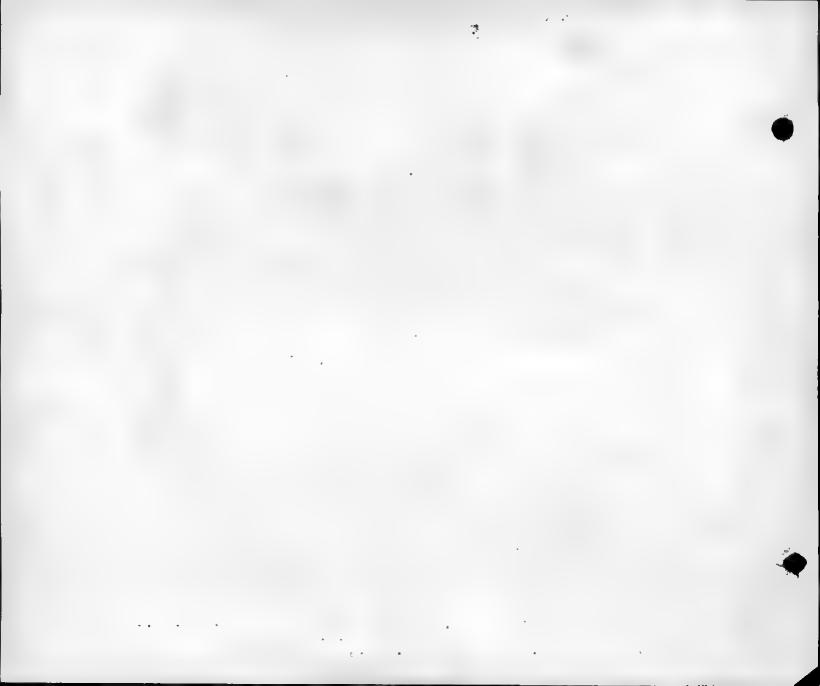


#### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 848 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) e. COUNTY in pencil in Item 18. Give Pages 1, 2, and 3 to file funeral director. Page Office along with form PM3. Page 5 may be retained for your files. burial-transit permit. File pages 1 and 2 with the State Board of Haalth, boyel, and in any event when 72 hours effer death. a. STATE **b.** COUNTY Montgomery : MARYLAND Pennsylvania b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town) State Board of Heath. write RURAL and give nearest town) 2 days Bethesda (Rural) Lititz d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? U. S. Naval Hospital YES NO X S. Ally 3. NAME OF DATE Middle Month Day Yeer DECEASED OF (Type or print) DEATH 26 61 Charles HORNBERGER January 19 Rodnev 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED C B. DATE OF BRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Hours 19 Male Caucasian WIDOWED DIYORCED T yrs. 10a. USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Pennsylvania USA U. S. Navy File pages I Mariner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Hornberger Doris H. Adams 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yas give we ror detes of service) Office along with burn burnsit perm Official Navy Records any Yes to DOD 18. CAUSE OF DEATH [Enter only one cause Laceration and contusion, brain with intra-INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cranial hemorrhage IMMEDIATE CAUSE (a) DUE TO removal, days Basal skull fracture Conditions, if any, which (b) "pending" gave rise to immediate cause lease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as a ris designated agent, prior to burial, cremation, or ren DUE TO (a), stating the underlying cause lest PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. WAS AUTOPSY PERFORMED? YES X NO F CERTIFICA 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury In Pert I or Pert il of Item 18.) PRIMARY TO OF CONTRIBUTING ED AL EXAMINER: Struck by AB&W Bus while crossing street 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, , 20f. (City or town) (County) (State) (ectory, street, office bidg., etc.) While Not While Virginia Street-Columbia Pike at work Arlington 11005 1961 tat work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion death resulted from. Accident X Undetermined manner Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER T ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE > 1-26-61 DEPUTY MEDICAL EXAMINER K DEPUTY Frank J. BROSCHART, M.D. NAME (Type) Address (Street, city, town, or county) 22d. LOCATION (City, lown, or country) 228, BURIAL, CREMATION, 226, DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) g40 Lititz Penna. Burial-Shipment 23. FUNERAL DIRECTOR **ADDRESS** 248. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE WashDC VS. A15ME W.W.Chambers Funeral Home, 1400 Chapin St. NW Cithur S. Kraus 5M 7/59 DATE AN 3 0 '61



ar attending physician.

by the



death

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

٠. .

Month Day Year 19 61 AGE (In years lost bir/hdoy) 88 yrs IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12. CITIZEN OF WHAT COUNTRY? U. S. A. Address Gaithersburg. Md. INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? YES NO P (State) (County) 196/ that I last sow the deceased P\_M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) 22d. LOCATION (City, Jown, or county) (Stote) REC'D SY REGISTRAR 246. REGISTRAR'S SIGNATURE

Bethesda

22c. NAME OF CEMETERY OR CREMATORY

**ADDRESS** 

Frederick

IS RESIDENCE

ON A FARM?

YES NO.

VS A15 (4) 15M 9/58

ACTUAL SIGNATURE

PHYSICIAN'S

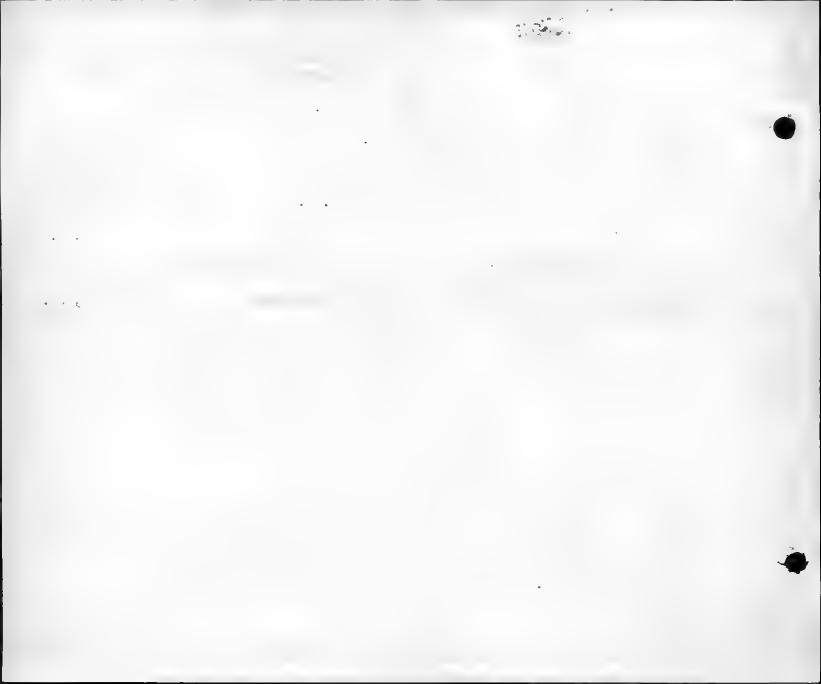
NAME (Type)

REMOVAL (Speptly)

James W.

220. BURIAL, CREMATION, 226 DATE THEREOF

EUNERAL DIRECTOR'S SIGNATURES



**DEATH** 

CERTIFICATE	OF
	CERTIFICATE

1.11845

		352		(	CERTIFIC	CAI	TE OF	DEAT	H			Reg. D	ist. No.	1,13	845
1.	PLACE OF DEATH OF COUNTY	e`			MARYLAND	- 11	a STATE	SIDENCE (W			If institute COUNTY	on: Reside	nce befo	re admiss	uon)
	B. CITY OR TOWN IN RURAL and give I	(If autside corporate limi learest town)	ls, write	c. LENGTI	OF STAY IN 18	ь	c. CITY OR TOWN (If outside carporate limits, write RURA, and give nearest town) Phillips								n)
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, g		oddress)			d STREET	ADDRESS			7	·X	3		FARM?
	NAME OF DECEASED (Type or print)	BRmara		14	Middle HROUD	P L'À	ι	ost	4. DATE OF DEATH		Mon P.T.F.	ē	Da		Yeor 1951
S	SEX _	6. COLOR OR RACE	7- MARR	IED 🔲 NE'	VER MARRIED	] B.	DATE OF BIR	етн	-	9. AGE	(In years birthday)	IF UNDE Months	R 1 YEAR Days	IF UNDI	ER 24 HRS.
	) le	White	WIDOWE		DIVORCED [		1/29/	<i>3</i>		77	yrs.				
10c	USUAL OCCUPATION OF WORLD HOUSEWI	ON (Give kind of work i rking life, even if retired 10	done 10b.	KIND OF B	USINESS OR INI	DUSTR		PLACE (Stole Chosl	_	country)			rizen of US	WHAT	COUNTRY
13.	FATHER'S NAME						14. MOTHER	'S MAIDEN I	NAME						
	Un	known						Unkn	own						
	WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SEC	CURITY NO.	INFO	DRMANT				Addı	ess			
	Vo				- Ag	<u>nne</u>	es Tr	iebul	1 -I	tem#	1				
MEDICAL CERTIFICATION	Canditions, if a gave rise to cause (a), staling lying couse lost.  PART IS. OT	immediate DUE TO	, Gy , Ce , at pitions o	rebi Teris ONTRIBUTI	al Va aclero							EN IN PA	2 /0		DEATH
MEDICAL (	20c TIME OF INJU Hour a.m. p. m.		or 20d. It While at work	NJURY OCC Not wo	rhite	PLACI factor	E OF INJURY ry, street, off	(Home, farrice bldg., etc					(County)		(Stole)
	21. I certify to alive an  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	hat I attended the	decease . 19	ank	12:15: pand that dec	M.I	D		M, fram ADDRESS (	n the co Street, cit	y or town,	d an th	ne date	stated DA1 /3/6	
22c	BUR AL, CREMATIC REMOVAL (Specify	ON. 226. DATE THEREC	F	22c. NAN	E OF CEMETERY				22d. LOC/	ATION (C	ity, town, a	or county)		(Stat	re)
23.	FUNERAL DIRECTOR	essenature	1 15	ADDR	RESS	•	in Maria	24g REC	D BY REGIS	STRAR 61	24b REGIS	<u> </u>	IGNATU	RE	

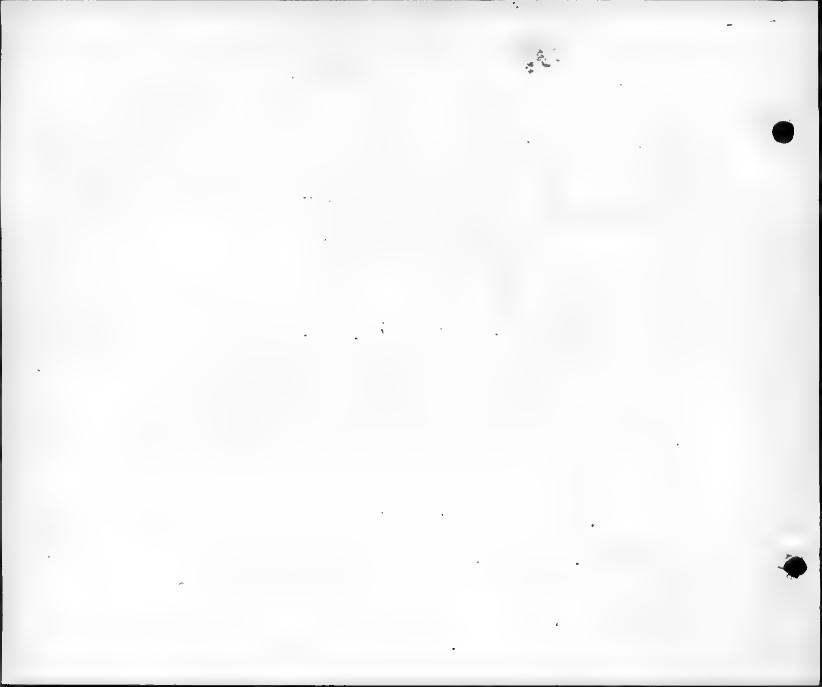
may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour

er death. Page 4

TO HOSPITAL VS A15 (4) TSM 9/S8



FT. LINCOLN CEMETERY

SILVER SPRING, MD.

**ADDRESS** 

PRINCE GEO. COUNTY, MARYLAND

24a REC'D BY REGISTRAR

DATE JAN 2 5 '61

24b REGISTRAR'S SIGNATURE

Cirthur & Krouge

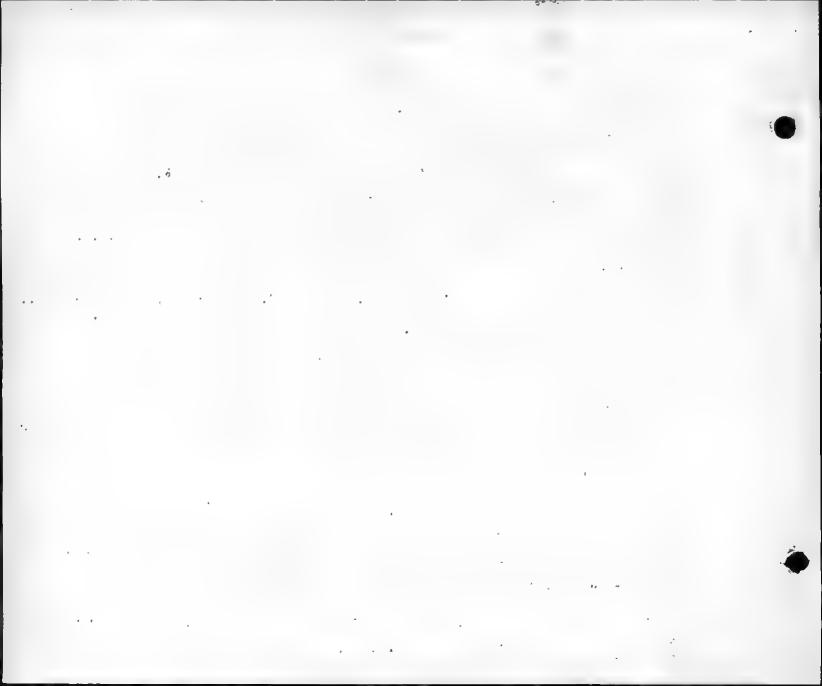
VS A15 (4) 15M 9/5B

REMOVAL (Specify)

17/61

W. Murka

BURTAL.



VR A15 (4) 15M II/59

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

16847

		PLACE OF DEATH  COUNTY	USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)     a STATE     b. COUNTY
P	1	MONTGOMERY MARYLAND	Wash - D.C
11	/ 6	b. CITY OR TOWN (If dutside corporate limits, write RURAL and give nebjest town)	c. CITY OR TOWN (If outside carparote timits, write RURAL and give nearest town)
and the same		Bethesda	1
	c	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS 6 IS RESIDENCE ON A FARM?
7		Resmon Hespital my SanitaRian	627 Whillier ST N.W YES NOD
		NAME OF First Middle	Last 4 DATE Month Day Year
		(Type or print) FICK PINCE H	UICHINSON DEATH CANUARY 31 1961
	5. 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (M. years I F UNDER 1 YEAR OF UNDER 24 ARS
		Temalo White WIDOWED & DIVORCED	NOV, 26-1879   St. pris   Marihs Days   Hours Min
	10o	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	STRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
		during most of working life, even if retired)	WOST Unainin
	13	FATHER'S NAME	14 MOTHER'S MAIDEN NAME
-	1	Latterand Harradala	Handra Zijes
	5	WAS BECEASED EVER IN U. S. ARMED FORCES? 18, SOCIAL SECURITY NO. 17. IN	JFORMANT Address
	(Yey	Production (It yes, give wor or dates of service)	Hospital Records
		none	
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY DOOD ON Cho-	pheumonia 3days
		491X DUETO	
		Conditions, if ony, which) the Cere bral 1	femoro hage cmo,
		gove rise to immediate	Hemiplogia 11/11
		lying couse lost.	woses Generalized. Vindetrium
	z	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
1	CATION	Arterial Hyperten	PERFORMED? YES \ NO \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
N. S.	Œ		D. (Enter nature of injury in Part I ar Part II of item 18.)
	CERTI	206. ACCIDENT WAS UNDERLYING ☐ 206. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL-EXAMINER)	2
	S	20c TIME OF INJURY Manth, Doy Year 20d, INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, form, 20f. (City or town) (County) (State)
	MEDICAL	10 White	clary, street office bldg , etc )
	2	1	0 -63 -46 1 -21 -66
		21 I certify that (I) (this haspital) attended the deceased fram	(150 4.72.1)
		sow the deceased alive on the 31 1960 and that a	
		220 SIGNATURE	ATTENDING + MED _ STAFF _ 226 DATE
			M.D. PHYS. B DIRECTOR D PHYS D- HOW SI, 70
		22c PHYSICIANIS NAME (Type)	10620 George Eux. h.
		Grover Day	Sityon Congres 166
	<b>2</b> 3a	BUR A. CREMATION 295 DATE THEREOF 23c, NAME OF CEMETERY C	R CREMATORY 23d LOCATION (City, town of county) (5'ate)
		removal 2/1/61 Philos Cen	metery Westernport, Md.
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
	Ú	he & N. Amila 2901-14 De Du	DC DATE FEB 2 '61 (lither & Knows



#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

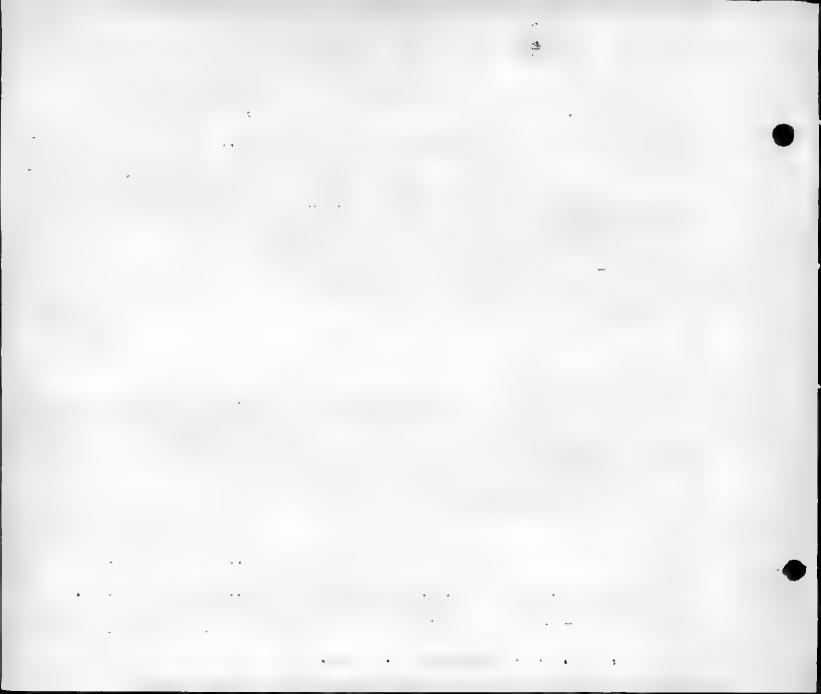
55 CERTIFICATE OF DEATH

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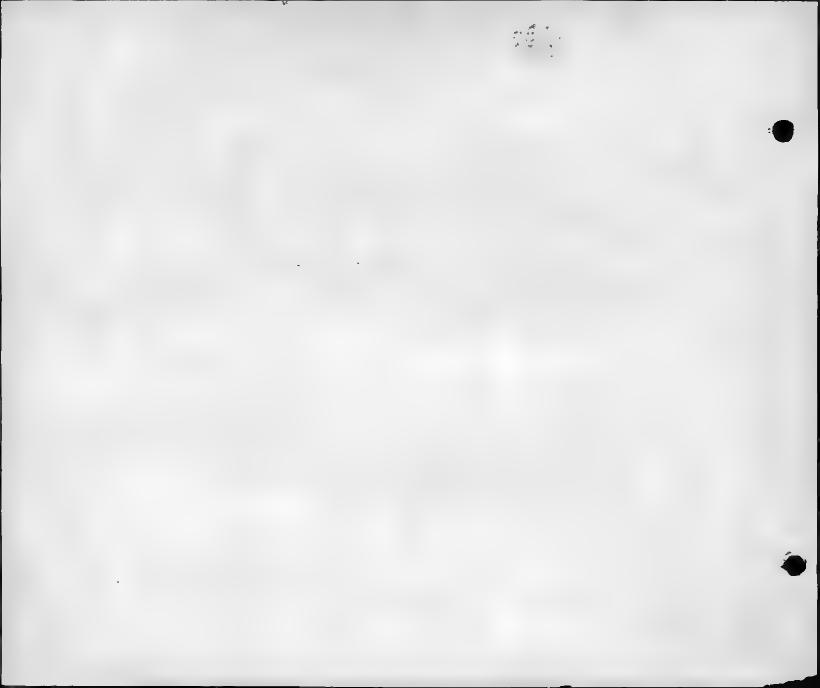
ı	<u>. 35</u>	7	CERTII	CA	Reg. D							
	1. PLACE OF DEATH 6. COUNTY Monts ome rv		. MARYU	- 11	USUAL RESIDENCE (WE STATE Maryland	_	lived. If institution b. COUNTY			re admission)		
	b. CITY OR TOWN (if outside corporate RURAL and give nearest town)	limits, write	c. LENGTH OF STAY IN	ПЬ	c. CITY OR TOWN (IF					arest town)		
-	Tak ona Park, d NAME OF HOSPITAL (If not in hospital OR INSTITUTION	l, give street	oddress)		Takoma Park, d. STREET ADDRESS					IS RESIDENCE ON A FARM?		
	Washington Sanita	cium &	Hospital		8600 Flower	r Ave.	•			YES NO		
ı	3. NAME OF DECEASED	First	Middle		Lost	4. DATE OF	Mont		Do		,_	
		ent .	NCO - A 15 NED 11 A 00150		Hutchison DATE OF BIRTH	DEATH	Januar; 9. AGE (in yeors			19 (	51_	
	Male White	WIDOW	RIED NEVER MARRIED  ED NO DIVORCED		1-31-61		lost birthdoy)	Months	Doys	Hours Mi	-	
	100 USUAL OCCUPATION (Give kind of we during most of working life, even if ret	rk done 10b.		INDUSTR		or foreign co		12. CI	TIZEN C	F WHAT COUN		
	NONE	(40)	NONE		Maryland	đ						
	13. FATHER'S NAME				14. MOTHER'S MAIDEN N							
	Glenn -		utchison		Dolores	Byer	Beegh	ly				
1	15. WAS DECEASED EVER IN U. S. ARMED I (Yes, no or unknown)   (If yes, give war or dates	ORCES? 16.	SOCIAL SECURITY NO	17, INFO	DRMANT		Addr	ess				
	no no		no		mother							
	18. CAUSE OF DEATH [Enter only on PART I. DEATH WAS CAUSED 8		ne for (o), (b), and (c) ]	_	`-					ERVAL BETWEEN SET AND DEATH		
	IMMEDIATE CAUS	(0)	Janna	14	rety				1	omin	<u>~_</u>	
	//6X DUE	10										
	Conditions, if any, which ) gove rise to immediate	(b)										
١	couse (a), stating the <u>under</u> DUE lying couse lost	{c}					=					
	PART II OTHER SIGNIFICANT C	ONDITIONS	CONTRIBUTING TO DEAT	H BUT NO	OT RELATED TO THE TERM!	NAL DISEASE	CONDITION GIV	EN IN PAI	₹T 1(o) 1	9 WAS AUTOP PERFORMED? YES NO		
	20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	TH I	CRIBE HOW INJURY OCC	URRED. (	Enter noture of injury in f	Port I or Port	It of item 18)					
	20c. TIME OF INJURY Month, Doy, Hour o. m.	Year 20d. Ii While	Not while	PLACE factor	OF INJURY (Home, form y, street, office bldg., etc.	20f (City	or fown)	l l	County)	(Sto	ife)	
١	21. I certify that I attended t	he deceas	ed fram		19		19	.that I	last so	w the decer	ased	
	alive on	, 19			ccurred at							
	ACTUAL Valgeria	111.	Milster	L,M.C	. 1110 Spring		eet, city or town, i		ug, M	DATE \$10	NEO	
	PHYSICIAN'S NAME (Type) Talgane M.	/ilste	ad M D.		1110 Sprin	a St	Silvon	Crami =	)C7 1	va.		
	220. BURIAL, CREMATION, 226. DATE THE	The second second	22c. NAME OF CEMETE	RY OR C			ION (City, town, o		7-9	(Stote)		
	REMOVAL (Specify) Cremation 1-31-	61	Washingto	n_Sa	mitarium &	Hospit	ചി സച്ച	moTic-	ol a 1	He. J.	4	
	23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		24a REC'I	D BY RÉGISTI	RAR 245 REGIS	YKAR'S SI	GNATU	gary Land	1	
	Robert A. Hare, M.	D. Wa	shington Sa	n &c	HOSD DATEEB	2 '61	0 1	r 8. 9	house			

TO HOSPITA. ATTINDING PHYSICIAN: The law equives that the death certificate be executed within 24 hours after death. Page 4 may be ret. By the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in these funeral director. page 3 should lie detached far use as the buriol-transit permit. Then please remare carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55



LAND STATE DEPARTMENT OF HEALTH ESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH CERTIFICATE OF HEALTH DEPT. 1. PLACE OF DEATH 7. USUAL RESIDENCE (Where decessed I ved. If trafflution, Residence before admiss on) s necessary, director, Page or your files. e. COUNTY a. STATE 6 COUNTY MARYLAND b. CITY OR TOWN (if priside corporate m.ts, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negligible) UTION (if not in hospitel, give streat address) IS RESIDENCE ON A FARM? innera, retained YES NO 2 ate NAME OF Middle DATE Month Year DECEASED and 3 to the OF (Type or print) DEATH 19 6 may be a 2 with th S SEX AGE/ Years IF UNDER I YEAR JE JINDER 24 HRS. 7. MARRIED NEVER MARRIED by hday) Months Page 5 n 1 and 2 72 hours WIDOWED [ DIVORCED OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CIT ZEN OF WHAT COUNTRY? during most of working I fe, even if retired) "pending" in pencil in Item 18. Give Pages 1, pages | within 13. FATHER'S NAME MAIDEN NAME event 16. SOCIAL SECURITY NO. 1 17, INFORMANT Office along with form burial-transit permit, File EVER IN U.S. AR WED FORCES? Address (Yes, no. or unkown) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) ) INTERVAL BETWEEN E ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) and **DUE TO** removal, Conditions, if any, which (b) geve rise to immediate cours ease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as a DUE TO (a), stating the underlying ö cause lest. cremation, PART II, OTHER SIGN FICANT COND TONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,81, 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO 4 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of Item 18.) dage 3 PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or lown) 20c TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy ..... Inspection ... Inquiry and in my opinion IEDICAL. Undetermined manner death resulted from. Natural causes V Accident Suicide Homicide CHIEF MEDICAL EXAMINER designated Mark Transport ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S NAME (Type) Address (Streat, c'ty, town, or county) 22d. LOCATION (City, town, or country) 22a. BURIAL, CREMATION, 225 DATE THEREOF 22c. NAME OF CEMETERY GR GREMATORY (State) REMOVAL (Specify) 6 ₽40 MEMORIAL GARDEN KING DAVID BURIAL 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE VS. A15ME C they I have DANZANSKY + SONS-3501-147 DATE JAN 9 '61 5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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oge	18	.)	1. [	LACE OF DEATH COUNTY		***	2. USUAL RESIDENCE (	Where deceased live	d if institution R b. COUNTY	esidence before	admission)
	ille V			Montgomery Co	unty	MARYLAND	Maryla		Mon	tgomer	
erol	pe p			CITY OR TOWN (If auts de carporate RURAL and give nearest town)	limits, write c LEN	GTH OF STAY IN 16	c CITY OR TOWN (	If autside carporate I	imits, write RURA	and give neare	at town)
ap in	P			Olney	13	days hrs.45mir	$\ell$ , Gaither				
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25	9	7		Montgomery Gene	ral Hosp	ital	302 Fre	ederick A	Avenue		YES 🔲 NO 🌠
ho h	6			IAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day	Year
n 24	e ≓			Type or print) Ra	У	(NMN)	Jefferies	DEATH	Januar	y 29	19 61
ii hii	Pag		5. :	EX 6. COLOR OR RA	CE 7 MARRIED	NEVER MARRIED 🔀	B DATE OF BIRTH	9 A			Hours Min
w b	after 5			Male White	WIDOWED	DIVORCED [	September		72 yrs ~~	mins Doys	HOUTS I MILE
cute	ape		10a	USUAL OCCUPATION (Give kind of w during most of working life, even if ret	ork done 10b. KIND C	F BUSINESS OR INDU			1		VHAT COUNTRY?
exe	a of			Retired RR. Cle		lan aroadi	ns Penns	ylvania		United	States
D C	27 r		13.	ATHER'S NAME		40	14. MOTHER'S MAIDE		_		
ate	ithi:	(1)		Evan Moore Jeff	eries		Mary E	lizabeth	Crossl	and	
tific	DE T			MAS DECEASEDEVER IN U.S. ARMED	FORCES? 16. SOCIAL	SECURITY NO 17 I	NFORMANT		Address		
Cel Do	ere		,	(1,74,6			Hospi	tal Reco	rds		
eath andi	eas			18 CAUSE OF DEATH [Enter only an		) (b), and (c).]	-7	,	ĵ. /" _		VAL BETWEEN
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t t	Tille			1 / 1	רס ייי						
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ires	E A			gave rise to immediate cause (a), stating the under-	10 21/ /	- [	,	- 1		,	4
equ	it p			lying cause lost	(c) Mark	id Evil	thy serve	- 67 L	can they	- Jus	EMOUNT
Sicio	n, 0	_	ő	PART II. OTHER SIGNIFICANT	ONDITIONS CONTRI	BUTING TO DEATH BU	NOT RELATED TO THE TE	RMINAL DISEASE CO	NDIT ON GIVEN I	N PART 1(o) 19	WAS AUTOPSY PERFORMED?
phy phy or h	iol-t	1	CATIO								YES NO
ing ing	bur		<u>-</u>	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	20b. DESCRIBE H	OW INJURY OCCURR	D (Enter nature of injury	in Port Lor Part II at	Fitem 1B.)	· ·	
IAN end Fro	# G		CERT	(IF EITHER, NOTIFY MEDICAL EXAMIN	ER)						
SIC	SE CE		3	20c TIME OF INJURY Month, Day,		t-	ACE OF INJURY (Hame, fortory, street, office bldg,		awn)	(County)	(State)
PHY	5 5		MEDI	Haur a.m.		at while at work	ciory, street, office diag,				
P in it	70.70			21 I certify that (I) (this hasp	ital) attended th	e deceased from	Dec.	19 600 10 Ja	4.29	16 / tha	t (I) (we) last
IDIN hay	hed The			san the deceased alive an	28 1	96 and that	death accurred at	M from the	F 1	•	
He He	etac			20 S GNATURE	/	/ did fild	dedili decolared al 1	AL MY NOTH THE	causes and a	in the date .	22b DATE
<u> </u>	of d			Jack Scher	mach		M.D PHYS	MED ST	AFF HYS.	1.3	SIGNED
	d bi			72c PHYSICIAN S			22d. ADDRESS				
TAL	Box			NAME (Type) Jack S	chumacher	, M.D.	Gait	hersburg	, Mary.	land	
SP!	3 s tale		23c	BUR AL, CREMATION 236 DATE TH	REOF 23c I	NAME OF CEMETERY O	OR CREMATORY	23d LOCATION	(City, town, or co	uniy)	(State)
보 je	he S			Burial 2-1-6	1 0	ak Grove		Un for	atown	D	
5 5	π=		24	FUNERAL DIRECTOR'S SIGNATURE	A	DORESS		EC'D BY REGISTRAR	256 REGISTRA	R'S SIGNATURE	
VR A15	(4)			Emmest C. Gartn	er. Gait	hersburg.	Md. DATE	FEB 2 '6	1 a	- Para S. Ka	Aug
I JAN Y	J.F		L	<del></del>							

MARYLAND

Arlington

PLACE OF DEATH

Montgomery

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Board of

by the

TO FUNERAL DIRECTOR:

15M 9/59

23b DATE THEREOF Burial 24 FUNERAL DIRECTOR'S S GNATURE

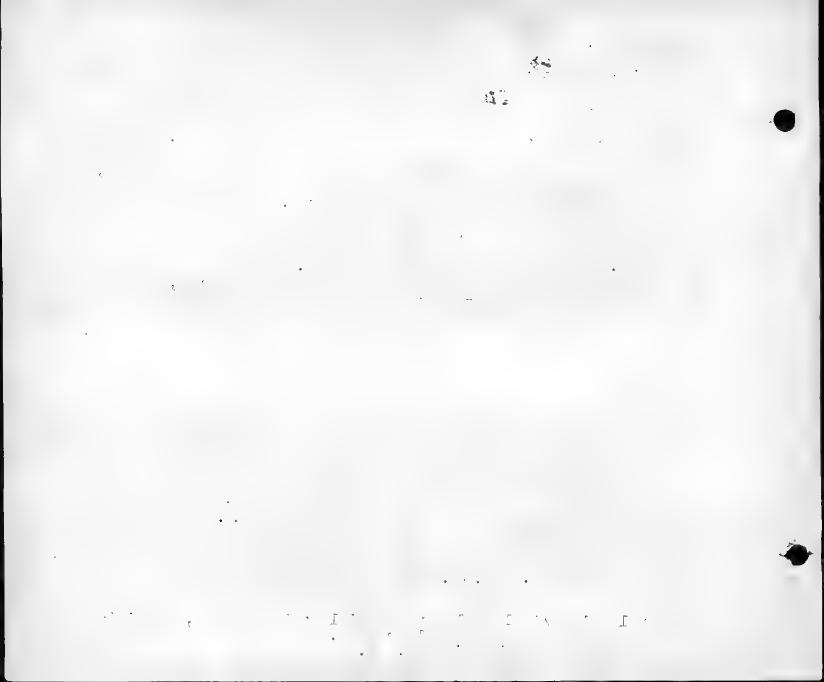
25h. REGISTRAR'S SIGNATURE 250 REC'D 8Y REGISTRAR DATEJAN 3 0 '61 Colhar S. Kraus

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

**b** COUNTY

b. CITY OR TOWN (if autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside corporale limits, write RURAL and give nearest town) RURAL and give nearest lawn) 119 Days Arlington Bethesda d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? OR INSTITUTION LLOO Lee Highway, Apt. 211 YES NO DE The Clinical Center NAME OF Middle First 4. DATE Year DECEASED DEATH 19 67 (Type or print) William Ambhony Jenby January IF JINDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthday) S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH Months DIVORCED [ WIDOWED I December 6, 1901 Male White yes. 10d USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY )1 **8IRTHPLACE** (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Unknown Pennsylvania USA Technical Writer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anna M. Bincowe William C. Jewby 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17, INFORMANT The Medical Record Add The Clinical 16. SOCIAL SECURITY NO. Center, Bethesda Il. Maryland No INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH DEATH WAS CAUSED BY Pneumonia and Septicemia l month IMMEDIATE CAUSE (d) DUE TO Multiple Myeloma 8 Months Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES IN NO 204 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I at Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day. 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) Year factory, street, affice bldg., etc.) Haur o. m While Not while ot wark at wark 21 | certify that (1) (this hospital) attended the deceased from September 29,060, to January 26, 1961, that (1) (we) last saw the deceased alive an January 269 61, and that death accurred at 7:20, a am. 22a. SIGNIK ATTENDING MED DIRECTOR M D Clinical Center, National 22c PHYS CTAN NAME (Type Vincent H. Bono, Jr., Institutes of Health, Bethesda ll. Maryland 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) 23a. BUR AL, CREMATION, (State) REMOVAL (Spec fy) Calvary Memorial Park

3245 Wilson Blvd.

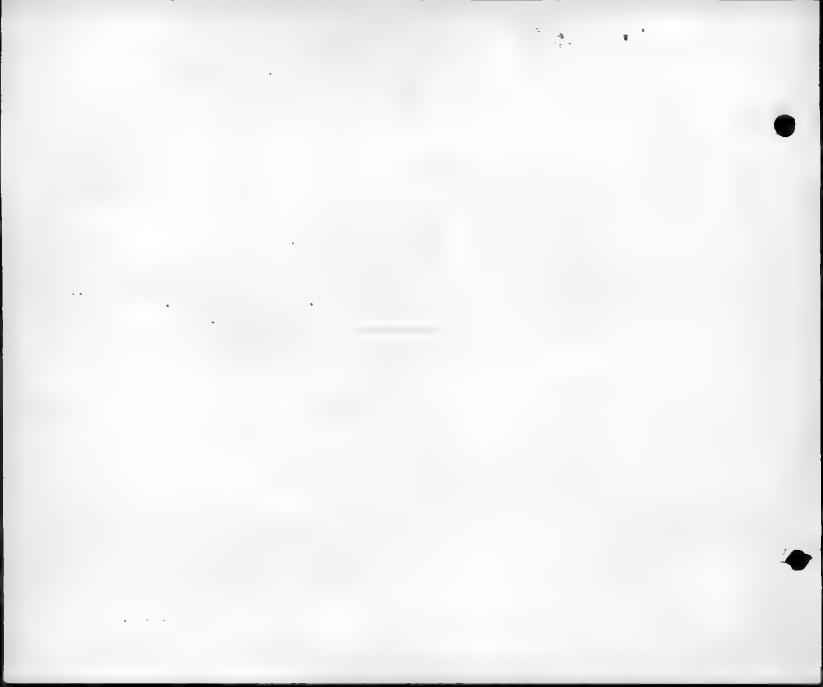


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PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Montgomery CITY OR TOWN (If outside corporate limits, write E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town) RURAL and give nearest town] ethesda Washington d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES I NO.F Suburban 7308 Alaska Ave. 4. DATE NAME OF First Middle Lest Month Doy Year DECEASED Sigmund DEATH (Type or print) Jeanette Kaufman 19 Jan 9 AGE In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED TNEVER MARRIED B DATE OF BIRTH last birthday) Months Days Hours DIVORCED [ Femalw WIDOWED [7] ΥΓS 100 USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stale or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Retir d -Housewife Home Vash. D.C H.S. L 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Sigmund adeline Neummer 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Ave. NW 7308 Kaufman Wash No INTERVAL BETWEEN CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)-] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: marker IMMEDIATE CAUSE (o DUE TO Conditions, if any, which tbi gave rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? YES I NO F 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 20e PLACE OF INJURY (Home form. 20f. (City or town) 20d. INJURY OCCURRED (Caunty) (State) Day, Year factory, street, office bldg., etc.) Hour o. m. While Not while at wark ot wark p. m. \_, 196./\_, that (I) (\*\*\*) last 1961, and that death accurred at 11 FM, from the causes and an the date stated above saw the deceased alive an. 22a SIGNATURE 22b DATE MED. ATTENDING PHYS M.D 22c. PHYSICIAN A 22d. ADDRESS NAME (Tybe) John Del 230 BURIAL CREMATION 236 DATE THEREOF 23d. LOCATION (City, town, or county) 23c. NAME OF CEMETERY OR CREMATORY (Stote) Cremation Suitland. Cedar Hi A CA TSO. REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNAPURE

director, unerol by the rund 2 should h c filled ă popers puo pou physicion 8 remove EVER oftending 60 the á permit gned **buriol-tronsit** has been detoch FUNERAL DIRECTOR: oge 3 should be detact ģ poge the Sto 0 VR A15 (4)

15M 9/59



#### FOR STATE HEALTH DEPT.

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any de necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. It FUNERAL DIECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

E-L	(m)
VS.	A15ME
5M	7/59

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ABDICAL EXAMINER'S CERTIFICATE OF DEATH

a. COU		NTGOMERY		4	a. STATE	MARYLAND	b. COUNTY	MOLTTGOWERY
	OR TOWN (if	oulside corporata I mili	. – e. LEN	MARYLAND GTH OF STAY IN 16	C. CITY OR TO	WN (If outs de corporate .	mils, write RURAL and	
writ	TAKOMA	Ve nearest fown)  DADK	13	B years	119	TAKOMA PARK		
d. NAM		L OR INSTITUTION (I	not in hospital, giv	a street address)	d. STREET ADD		•	. IS RES DENCE
831	13 GARL	AND AVE.	Apt. #	3	8313	GAPLAND AVE		YES NO F
3. NAME DECE		First	LAWRENCE	M.ddla	Last	4. DATE	Month	Day Year
(Type o		JOHN	KXX	KEARN	EY, SR.	DEATH	JAN. :	26 1961
5. SEX		6. COLOR OR RACE	7. MARRIED TO	VER MARRIED [	8. DATE OF BIRTH	9. AGE	(In years IF UNDER 1	and the same of th
MALE		WHITE	WIDOWED	DIVORCED _	11/20/89	71	yrs.   Months	Days Hours I Min.
1Da. USU/ done durin	AL OCCUPATION	ON (G ve kind of work	DE KND OF	USINESS OF INDUS	TRY 11. BIRTHPLACE	State or foreign country)		ZEN OF WHAT COUNTRY?
SKIP	Iracer (	self-emplo	yed) Acco	unts	,	gton, D.C.	U.	S.A.
13. FATHE		A EDALETTE			14. MOTHER'S MA			
	S P. KE					IKENS		
15 WAS I	DECEASED EVEL ir unkown) (Ify	R IN U.S. ARMED FORG	res? 16. SOCIAL	SECURITY NO. 17.	INFORMANT	Kearney, Jr	Addrass 7104 An	napolis Rd.
- 10					M. O. O. O. M.			Tylend Between
		WAS CAUSED BY:	1					ONSET AND DEATH
		AMEDIATE CAUSE (a)_	Cores	rang Old	eusion	^		towd deark
Condi	no Pany	which (b)						on bid,
	rise to immedia tating the un-	D. 1.10 T/O						
CO USO	-	) (c)	,					,
N P	ART IL OTHER	SIGNIFICANT CONDIT	IONS CONTRIBUTE	NG TO DEATH BUT I	NOT RELATED TO THE T	ERMINAL DISEASE CONDI	TION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
CATION	De		2 ellite					YES NO K
PRIMA CAUS	EXTERNAL CAL	JSE WAS 20	b. DESCRIBE HOW	INJURY OCCURED.	(Enter nature of Injury	in Part I or Part II of Itam 1:	8.)	
	E OF DEATH.							<u>-</u>
WEDICAL 20c.	TIME OF INJUR	Y Month, Day, Yea	WhileNo		LACE OF INJURY (Home sctory, street, office bldg	, farm, 20f. (City or lov	vn) (Cou	nty) (Slate)
	p.m.	19		l work				
					held an Autopsy		Inquiry K	and in my opinion
death	h resulted fr	om: Natural ca	uses 🗶, Acc	ident [], Su	icide [_]. Homi		mined manner	
acri	(187.	- 10	B	icit		CAL EXAMINER		DATE SIGNED
SIGN	ATURE -	and Je 1	Mine	act		MEDICAL EXAM NER		
EXAL	MINER'S F	RANK 5. BR	DSCHART -		-	ree!, city, town, or county	1	1/27/61
22a. BURIA	L, CREMATION	N, 226. DATE THERES		AME OF CEMETERY	OR CREMATORY	22d. LOCATION (	ity, fown, or country	(Stata)
BURI	VAL (Specify)	1/30/61	MT.	OLIVET C	EMETERY	WASHINGTO	N, D.G.	
		PUMPHDEY/J	NC STA	DRESS VER SPRING	3 MD 1	REC'D BY REGISTRAR	246. REGISTRAR'S SI	GNATURE
Pa	mond	a. Bish		VER SERING	DAT	FEB 3 '61	Cirthur S.	trans
- 4			***					



death Page 4

funeral director, old be filed with

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CENTIFIC ATE OF DEATH

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	861		CERTI	FICA	E OF DEATH	ı			U t	000	7.4
1. PLACE OF DEATH o. COUNTY Mon	tgomery		MAI	RYLAND	2. USUAL RESIDENCE (W	there deceased		on Resider	nce before	e admiss	sion}
b. CITY OR TOWN (I RURAL and give to Be thesa	If outside corporate limi earest town) A	ts, write	c LENGTH OF STA	YINIB	e. CITY OR TOWN (IF South Fork		rote limits, write RI	JRAL ond	give near	rest tow	n)
d NAME OF HOSPIT OR INSTITUTION The Clin	ical Center	, Bet	thesda 14,	, Md.	d. STREET ADDRESS	,	7	75)	× · 3	IS RES	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	Henry	tz.	Midd Leon		Kellock	4. DATE OF DEATH	January		Day 21	Ĺ	Year 19 6 <b>1</b>
s sex Male	White	7 MARR WIDOWE	IED 🗀 NEVER MARI		January 17,	1877	9 AGE (in years log pirthday) yrs	Months	Days Days	Hours	Min
10a. USUA: OCCUPATION during most of work Miner	DN (Give kind of work king life, even if retired	1	KIND OF BUSINESS	OR INDUST	Pennsylv		wntry)		J.S.A		COUNTR
13. FATHER'S NAME Ale:	xander Kell	ock			14. MOTHER'S MAIDEN  Iilian		n				
15 WAS DECEASED EVE (Yes, no, or unknown) NO	R IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)	SOCIAL SECURITY N 209-09-119		e Clinical C	dical enter,	Records <sup>ddr</sup> Bethesd	ess a 11 <sub>1</sub> ,	, Mar	yla	nd
	mmediate	ac	o for (a), (b), and (c)	stan	datile				INTE ONSI M	RVAL 8E ET AND	eks.
cause (a), stating lying couse last.	the under-	ac	ONTERPLING TO D	ral DEATH BUT I	failure	AINAI DISEASE	CONDITION GIV	FN IN PA	4.	LUZ V. WAS	AUTOPS
DI 200 ACCIDENT WA					. (Enter noture of injury in				(3)	PERFC	DRMED?
ZOc. TIME OF INJUR Hour a. m. p. m.	tY Manth, Doy, Ye 寸* 19	20d, IN White of work	UURY OCCURRED Nat while of work	20e PLA	CE OF INJURY (Home, forman, street, office bldg., et	m, 20f. (City c.)	or town)	(	(County)		(Sto
· ·	Bains JERRY V	iary :		M R	National Bethesda	AED GEM  AED CLIN  Instit	STAFF X  ical Cent	d on th	e date L/21/ th	stated	d abav № DATE SIGNI
BEMOVAL (Specify)  24. FUNERAL DIRECTOR	1-25-	61	SouTI ADDRESS	4 /	FORK CEM	So &	JTh /	CA!	···		PA

250 REC'D BY REGISTRAR DATE JAN 2 4 '61

JAN 2 4 '61

arthur S. Kraus

may be retained by the haspital ar attending physician.

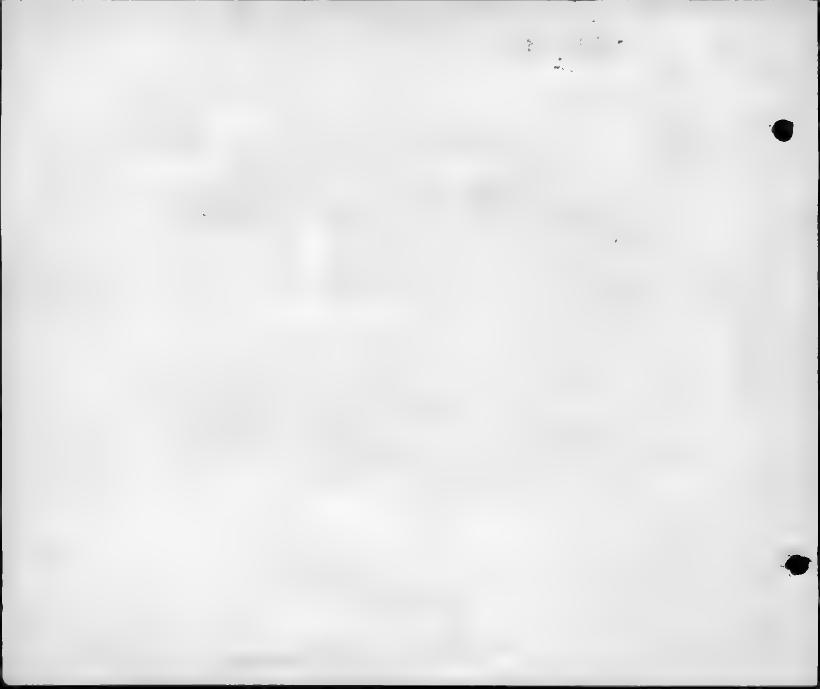
TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and campletely filled in by the funipage 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld the State Board of Health prior to burial, cremation, or removal, and in any eyent, within 71 hours after death ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL C

VR A1S (4) 15M 9/59



W. PRESTON STREET, BALTIMORE 1, MARYKAND Division of STATISTICAL RESEARCH AND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) No. COUNTY Page **B)** COUNTY director. Pay Nontacmery
b. CITY OR TOWN , if our de corporete !.mits. Tine MARYLAND CITY OR TOWN (If outs de corporete I mits, write RURAL and give neerest town) e. LENGTH OF STAY IN 16 Your do write RURAL and give nearest town] Takoma Park ours Po d. NAME OF HOSPITAL ORANST. TUT. ON (If not in hospital, give street eddress) 4. IS RESIDENCE ON A FARM? funeral he State By Washington Sanitavium
3. NAME OF THE DECEASE THE PROPERTY OF T 40 YES NO X HOSP death. DATE Year OF and 3 to the the (Type or print) DEATH 19 61 0 w.ih 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRT AGE In yours HE UNGER I YEAR I IF UNDER 24 HRS. 2 w.il 'in pencil in Item 18. Give Pages 1, 2, and Office along with form PM3. Page 5 may burial-transit permit. File mages 1 and 2 w. moval, and in any event within 72 hours ast buthday) Months | Days WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY fore an country) 12. CITIZEN OF WHAT COUNTRY? dong during most of working life, aven if retired) hailread 13. FATHER'S NAME MOTHER'S MAIDEN NAME John Kell e should be executed within . WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURTY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyas give war or detes of service) WAShington Shact 18. CAUSE OF DEATH [Enter only one-cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY MANEDIATE CAUSE (6) removal, RRIT4GE Examiner's ( gave rise to immediate cause (a), steting the underlying causa lost. cremation, PART II. OTHER 5 GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TERMINAL DISEASE CONDITION GIVEN IN PART 1,67, 19, WAS AUTOPSY PERFORMED? 2 please execute the certificate, writing the word 4 should be forwarded to the Chief Medical E O FUNERAL DIRECTOR. Page 3 should be or its designated agent, prior to burlal, cremat TRACTURES OF LOWER TX NO CERTIFICA 0 200 EXTERNAL CAUSE WAS 2Db. PRIMARY OF CONTRIBUTING MEDICAL EXAMINER: 20d. INJURY OCCURRED\_ 20e. PLAGE OF INJURY (Home, farm, Month, Day, Year 20f. (City or lown) (State) fectory, street, office bldg., atc.) Not While at work at work 21 I certify that I took charge of the remains described above, held an Autops/ Inspection death resulted from Undetermined manner Natural causes | Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S oschahr NAME (Typa) Address (Streat, city, town, or county) BURIAL CREMATION NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stele) REMOVAL (Specify) 40 8 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME 383 5M 7/59 nous.

RYLAND STATE DEPARTMENT OF HEALTH



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	1 PLACE OF DEATH?  0. COUNTY /// ONTGONER MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. STATE b. COUNTY MONTG
7	b. CITY OR TOWN (if outside corporate limits, write c LENGTH OF STAY IN 1b RURA, and give negrest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  5/LVER SPRING
)	d NAME OF HOSPITAL (If not in hospital give street oddress)  FAIRLAND NURSINGHOME	d. STREET ADDRESS ON A FARM?  1/109-DEVERE DRIVE ON A FARM?  YES NO E
	3 NAME OF DECEASED (Type or print) First Middle	LEROES 4. DATE OF DEATH AND 25 196
	S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH  9 AGE (In years of bighteday)  9 AGE (In years of bighteday)  Manths Doys Haurs Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, everylif retired)	170551A U.S.A.
	CHTARLES TAISHOFF	EDITH FRIEDLAND
	15 WAS DECEMBED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. H	DITH HOROWITZ 110 5.5 PG. MD.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]  PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoting the under-	te Cerebrovasarlon disease
	lying cause lost. (c)	NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(0) 19 WAS AUTOPS PERFORMED? YES NO
)	206. ACCIDENT WAS UNDERLYING TO 206. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter nature of injury in Part I or Part II of item 18)
		ACE OF INJURY (Hame, farm, 20f (City or town) (County) (State ctary, street, office bldg , etc.)
	220 SIGNATURE Publican 26 PHYS CIAN'S ROBERT (Type) 26 PHYS CIAN'S ROBERT (Type) 27 PHYS CIAN'S ROBERT (Type) 28 PHYS CIAN'S ROBERT (Type) 29 PHYS CIAN'S ROBERT (Type) 20 PHYS CIAN'S ROBERT (Type) 20 PHYS CIAN'S ROBERT (Type) 20 PHYS CIAN'S ROBERT (Type) 21 PHYS CIAN'S ROBERT (Type) 22 PHYS CIAN'S ROBERT (Type) 23 PHYS CIAN'S ROBERT (Type) 24 PHYS CIAN'S ROBERT (Type) 25 PHYS CIAN'S ROBERT (Type) 26 PHYS CIAN'S ROBERT (Type) 27 PHYS CIAN'S ROBERT (Type) 28 PHYS CIAN'S ROBERT (Type) 29 PHYS CIAN'S ROBERT (Type) 29 PHYS CIAN'S ROBERT (Type) 20 PHYS CIAN'S ROBERT	M.D. PHYS.  ATTENDING MED DIRECTOR PHYS. DIRECTOR DIRECTO
	23d BUTMAL CREMATION, 23b BATE THEREOF 23c NAME OF CEMETERY CO. WASH	CEM. HYATTSVILLE, ND.
1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S S GNATURE DATE JAN 2 7 '61 Carina & Transact

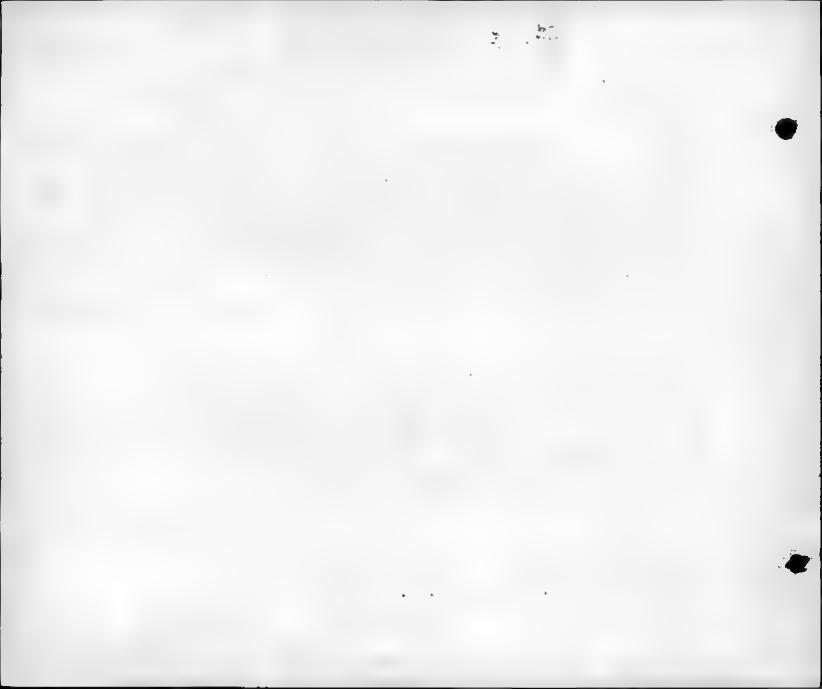
TO FUNERAL DIRECTOR: After this cert facte has been signed by the ottending physicion and completely filled in by the funeral director page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours by the hospital or ottending physic on TO HOSPITA

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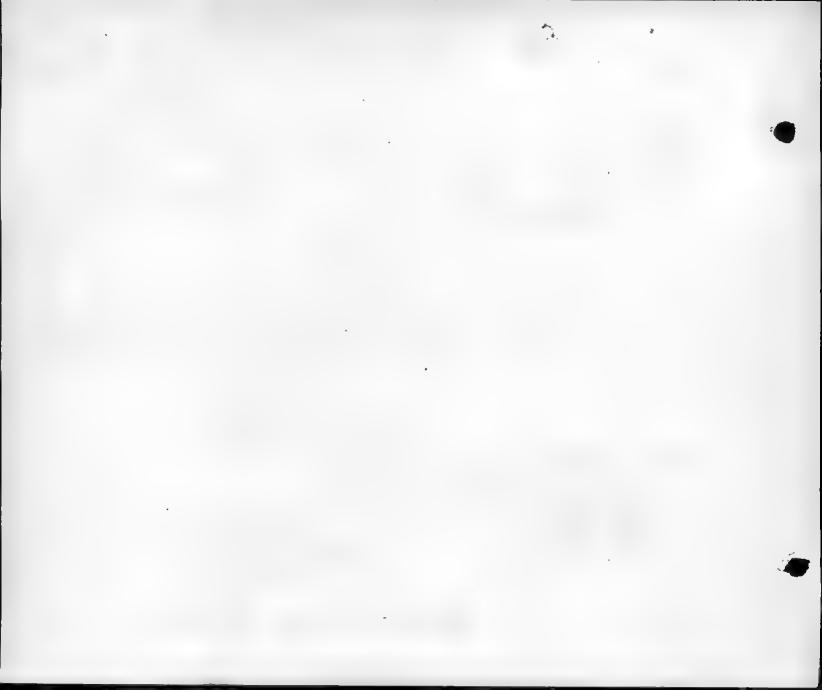
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<i>4</i> :	1 PLACE OF DEATH 0. COUNTY 1 MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 0. STATE 1 D. COUNTY 2 7
	b. CITY OR TOWN (If outside corporate limits, write c KINGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) RURAL and give nearest fown)
	To the old and I for the old a
074	d NAME OF HOSPITAL (If not in hospital give street address) OR INSTITUTION
- 1 1	3. NAME OF First Middle Lost 4. DATE Month Day Year
	(Type or print) BESS K KICKLIGHTER DEATH JAN 27 1961
	S. SEX  6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH  WIDOWED DIVORCED May 6, 1885  9 AGE (In years   F UNDER 1 YEAR   F UNDER 24 HRS    9 AGE (In years   F UNDER 1 YEAR   F UNDER 24 HRS    75 yrs 8 23 Hours Min.
	100 USUAL OCCUPATION (Give kind of work done during grost of working life, even if retired)  10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country)  12 CIT ZEN OF WHAT COUNTRY  US  US
	13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME
(T)	15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17 INFORMANT
	No No (If yes give wor or dates of service) None Its. L. Simbis! If gift gild Circles its.
	18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Congestive he art failure and I mint
	4:4 DUETO mysearditis
	Conditions, if any, which (b)
	couse (a), stating the under.    Iying cause lost.   (c)
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 1/2
	200 ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED Haur a.m. While Not while at wark at wark at wark at wark at wark at wark
	21 I certify that (I) (this hospital) attended the deceased fram APR 1947, to 29 300 19 0, that (I) (we) las
	saw the deceased alive an 28 300 19.6.1, and that death accurred at 8 AM, from the causes and an the date stated above
	220 SIGNATURE  M.D. ATTENDING MED. STAFF SIGNED  226 DATE SIGNED  ATTENDING MED. STAFF SIGNED  227 DATE SIGNED  228 DATE SIGNED
1	PHYSICIAN'S NAME (Type) HERBERT MARTYN JR 22d. ADDRESS BETHESON AVE
	23a BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (C ty, town or county) (State)
	Buriai 2/2/61 Arlington Nat. Cem. Arlington Virginia
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE  Robert A Pumphrey Bethesda, Marylandbate FEB 2 61 Civiling & Howard.
	Robert A. Pumphrey Rethesda, Marylandbase FFR 2 161 Oxiding S. Thinks

the funeral director,

ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs.

TO HOSPITAL VR A1S (4 1SM 9/S9





#### SO VISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

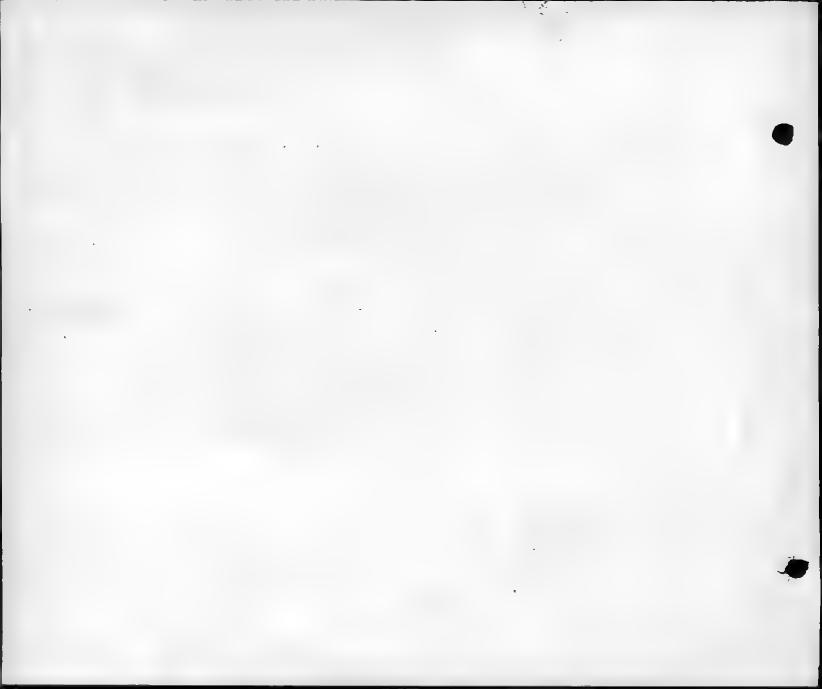
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PLACE OF DEA			MA	RYLAND	2 USUAL RESID		_	d lived If instit <b>b.</b> COUN	TY .		
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Bethea			12 day	rs .			's bur	'g			14 BED DELICE
OR INSTITU		give street c	oddress)		d STREET AD						ON A FARM?
Suhu	rban				R.F	.D. 3	Box	219		Y	(ES 🔲 NO 🗔
3. NAME OF DECEASED	F	irst	Mide	lle	Last		4. DATE OF	N	onth	Oay	Yeor
(Type or print)	Edgar	r	Lew	ris	Kilbv		DEATH		1	1/.	19 6
S. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MAR	RIED 🔲	8 DATE OF BIRTH		,	9. AGE (In yeo	. 1		UNDER 24 HRS
М	W	WIDOWE		CED 🔲	Marc h	2. 1	<b>g</b> Q1	lost birthdoy	)   Months	Doys F	lours Min
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during most o	of working life, even if return	d)						,,		22 (2	
Farme					14. MOTHER'S /	irgin				U.S	A
					14. 14.01110.31	naiven n	IN IT IS				
	ar Carter Kil					Minn	uie Da				
15 WAS DECEASI (Yes, no. or unknown)	DEVER IN U. S. ARMED FO		SOCIAL SECURITY N	10 17 H	FORMANT			^	ddress		
No		2:	20-26-673	5 Wa	rrner T.	Kilb	V (So	n) Rt.	1 Ger	mento	wn_Md_
18. CAUSE C	F DEATH [Enter only one o	ouse per lin	e for (o), (b), and (	c).]	1		1)	+.		INTERV	AL BETWEEN
PART	I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (		LUDON	nal.	and -	and	MAG	lan.	1)	014361	1.7.
and the	DUE TO		-11	,7	New	7/	-			1	//
Conditions	, if any, which )	/	hisperil	2	en n	1 211	1	( PINEW	713 111	ANT	1 1 7
gove rise	to immediate ( Duc To	b)	1 1		0 / 5	7					1.4.4.9
lying couse	oring the <u>under-</u>	//-	Will si	200	Verane	1. C	DAL	110011	, flips	1/2	/
	I. OTHER SIGNIFICANT COI	NDITIONS @	ONTRIBUTING TO I	DEATH BUT	NOT PELATED TO	THETERAN	NAI DISEAS	E COMPUTION	SIVEN IN P	ARTAIGN 19	WAS AUTOPSY
No Man	unum a	ast	10 au	DIE	ע מגנונוני	11)	All	Dullan	erece	-670	PERFORMED2
E DO- ACCIDE	NT WAS JINDERLYING	20b DESC	RIBE HOW INJURY	OCCURRE	D. (Enter noture of	injury in f	orl I or Por	rt H of item 1B)	- 7		
OR CONTRIB	JTING [] CAUSE OF DÉATH OTIFY MEDICAL EXAMINER)								U		
	INJURY Month, Day, Y-		JURY OCCURRED		ACE OF INJURY IH			y or lown)		(County)	(Stote)
L)	p. m. 19	While at work	Not while		0						
	v that (I) (this haspita	all attend	ad the decour	of from	2	10	of to	m 14	10	6/ short	(i) (we) las
		ii) unend	2 ( )	- 6		«الريد ک		7.			.,,,,
220 SIGNAT	eceased alive an	M-1-	1 17-0/ · ar	na inar t	leath accurred	0t2	M, Traigr	the causes	and an I	ne aare si	tated abave
1	1 (-4)	185			ATTENDING	101	D RECTOR [	STAFF PHYS			SIGNED
22c YHYSICI.	wang y	10 Mar	un_		M.D. PHYS. 22d ADDRES		RECTOR (_	PHYS [_]			
NAME (1	ype)	T.Pet	erson		5/2	The	1/100	10025121	- R	thos	de m
23a BURIAL, CRE			23c MAME OF EE	METERY C	P CREMATORY	of other	234 1004	TION (City, tow	the collins	A Salama	(Stote)
SEMOVAL IS		61	Hough	Law	7.7		12	rekter	Cle	1	M.X
Vitera.	ETORAS GNATURE		ADDRES	11		ne near	D BY BECK	TDAB OCL DE	GISTRAR'S	SIGNATURE	/-
24, TOREING UK	Tres here	L. 6	Partiel	250	mg /20	-	D BY REGIS	37:4 ZSD KE			
27 500		· V			-2	DATE ,	AN 1	.01	Call 4	S. Kau	V

may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban pagers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours TO HOSPITAL VR A15 (4) 15M 9/59

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	868	CERTIFICA	ATE OF DEATH	1	Reg. Di	st. No.	
	PLACE OF DEATH o. COUNTY  Mont come ny	MARYLAND	2. USUAL RESIDENCE (WHO ISTATE Marvla	_ ь.	COUNTY	ice before odr	
		e. LENGTH OF STAY IN 16	CITY OR TOWN (IF a	N	its, write RURAL and		77
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION RFD # 1, Monrovia	ddress)	d. STREET ADDRESS	l, Monro	via	10	RESIDENCE N A FARM? NO [
3	NAME OF DECEASED (Type of print) Bonnie	Jean_	King	4. DATE OF DEATH	Month Jan. 3	Day	Year 1961
	Female White WIDOWE	DIVORCED		952	birthday) Months	Days Hou	ers Min.
	00. USUAL OCCUPATION (Give kind of wark dane 10b. K during most of working life, even if retired)  Number	IND OF BUSINESS OR INDU:	Purdum	Ld.	12. (17	AdU	AT COUNTRY?
1	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S  (17 yes, give wer or deles of service)		Mother's Maiden Neildre	d F. Bro	Address		
	PART I. DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate couse (a), stoling the under.  lying cause last  (c)	gental he	ringocoel	lis.		S- 472	wa
	PART II. OTHER SIGNIFICANT CONDITIONS CO	RIBE HOW INJURY OCCURRE				PEF	AS AUTOPSY REFORMED?
	OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c TIME OF INJURY Month, Day, Year 20d IN. Hour o. m. p. m. 19 work	Nat white for	ACE OF INJURY (Home form fory, street, office bldg., etc.	20f. (Cily or town	n) (	County)	(State)
	21. I certify that I attended the decease alive an 11 20 , 19 of ACTUAL SIGNATURE PHYSICIAN'S James P. Kerr	d fram G / Z /	occurred at 2 P.  M.D. Jam	M, from the co		e date stat	
	PEMPUAL Specify) Jan. 5, 1961	22c. NAME OF CEMETERY O	W	Purc	ity, town, or county)		State)
2	3. FUNERAL DIRECTOR'S SIGNATURE	Damascus,	Vid DATE JA	D BY REGISTRAR	246. REGISTRAR'S SI CINTINA S.		

may be retained by the haspital or attending physician.

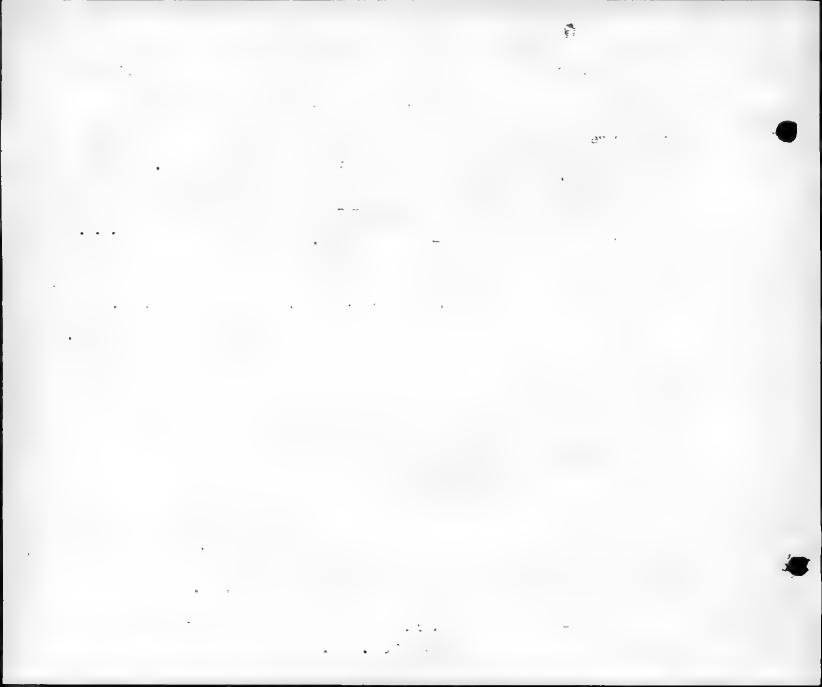
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death. Page |

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VS A15 (4) 15M 9/58



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FUNERAL DIRECTOR:

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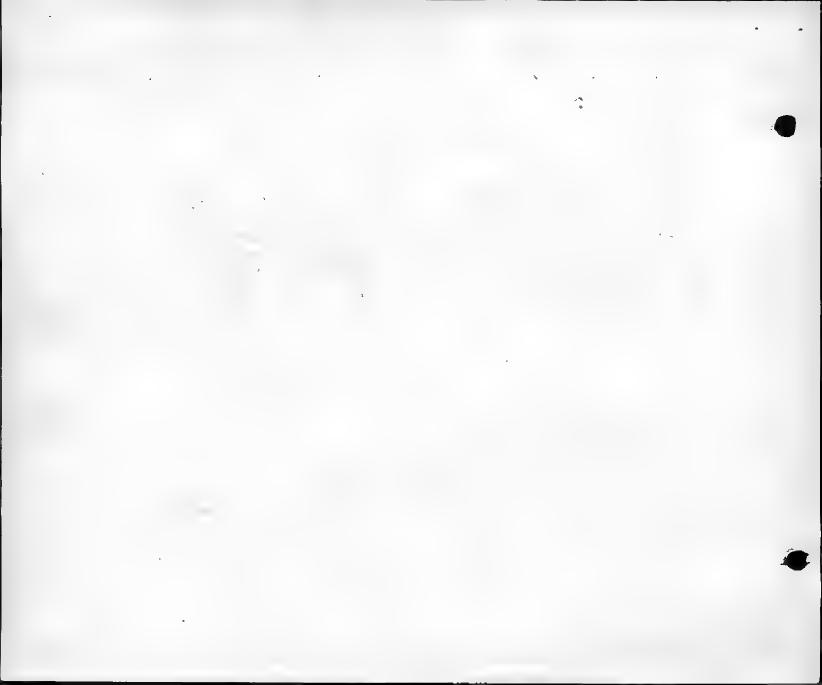
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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

TO HOSPITAL

death, Page 4

1.	PLACE OF DEATH		2. USUAL RESIDE	NCE (Where deceased li	ved. If institution, R		
	MENIGEMAN	MARYLAND	MA	KYLAND	D. COO!!!!	MONTG	OMERY
	b. CITY OR TOWN (If possible corporate limits write RURAL and give neglest town)	c. LENGTH OF STAY IN 16	[	WN (If outside corporal LVER SPRING	a limits, write RURA	L ond give n	earest town)
-	d. NAME OF HOSPITAL (If not in hospital, give street	oddress)	A STREET AD	DRESS 801 GRAC	E CHURCH	ROAD	e. IS RESIDENCE
K	COMINSTITUTION CONTROL SAWIT	akium	5 XXXXXXXXX	RIANISALEAKAK	xxkaxaxk	100	YES NO
3.	NAME OF First	, Middle	last	4. DATE	Month		Day Yeor
	OFCEASED (Type or print) MARK Ellen La	wil anat		OF DEATH	Jan	1 2	13 196/
S.	SEX 6. COLOR OR RACE 7. MARE	HED NEVER MAJERIED	8. DATE OF BIRTH	9			R IF UNDER 24 HR
1	RMUME WHITE WIDOW	ED DIVORCED	Jan. 3	0-1872	8 yrs	inths Days	Hours Min
10	b. LSUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)		STRY 11. BIRTHPLA	CE (Stole or foreign cour	ilry)		OF WHAT COUNTRY
	House wile	OWN HOME	্র প্রথম	RYMYNYNY PE	nnsylvani	a U	S.A.
13.	FATHER'S NAME		14. MOTHER'S A	MAIDEN NAME			
	FRANK 5. STEHLE		Man	y Waithy	TPHINEY	LENNE	Y
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17 IN	IFORMANT /		Address		
	NO	NONE M	irs. Frank	c C. Maley,	105 South	brook	Lane
	1B. CAUSE OF DEATH [Enter only one couse per li	ne for (a), (b), and (c).]		Be	hesda, Mo	I. IN	TERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Quadinia.	fake 02	inperior L	- + 7/		4-5 4
	450 A DUE TO			J			'7
	Canditions if any, which ]	(12 thendrow 2-	te to se.	2			8
	gove rise to immediate DUE TO		T. Equal op Brane				
ı	lying couse lost						
Z	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO T	THE TERMINAL DISEASE	ONDIT ON G YEN	N PART 1(0)	19 WAS AUTOPS'
I Š							YES NO
CERTIFICATION	OR CONTRIBUTING   CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D (Enter nature of	injury in Port I or Port II	of item 1B )		
	(IF EITHER, NOTIFY MEDICAL EXAMINER)						
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. I Hour o.m. While		ACE OF INJURY (H) ctory, street, office (	ome, form, 20f (City o bldg., etc.)	town)	(Count	y) (Stot
ME	p. m. 19 of wor			<u> </u>			
	21 I certify that (I) (this haspital) attend	ded the deceased fram		, 193,9ta_2	3750	19_6_/	that (I) (we) la:
ı	saw the deceased alive an 2 2 10	19.6/ and that d	leath accurred	at/C.M. from th	e causes and o	in the do	te stated abave
	220 SIGNATURE	7	ATTENDING	MED	STAFF	4.4	22b DATE SIGNE
	iffallown Du	· · · ·	M.D. PHYS	DIRECTOR .	STAFF PHYS		2.3/6
	22c PHYSICIAN'S NAME (Type) WILLIAM D. AT	JD '	22d. ADDRES	s Colesville 1	Road. Silv	ver Sp	ring Md.
23	BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify)	GLENWOOD CEMET			PINGTON, 1		(Stote)
_	BURIAL 1/25/61		1				TIME.
24	FUNERAL DIRECTOR'S SIGNATURE WAS NER E. PUMPHREY: INC.	SILVER SPRIN	IG MD	250. REC'D BY REGISTRA			
	Raymond, U. Sis. Ra		IO 9 IND 6	DATE JAN 2 6 '6"	Clath	WM 8 90	Aug





#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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/	1. PLACE OF DEATH a. COUNTY			MARYLA		2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE b. COUNTY								
	MONTGOMERY			<del>,</del>		MARYLAND MONTGOMERY								
7	b CITY OR TOWN (If autside carporate limits write RURAL and give nearest tawn)			E LENGTH OF STAY IN	116	c CITY OR TO	OWN (If o	autside carpoi	rate limits, write i	URAL and p	Bine seate	est town;	)	
			NEY		10 HRS.		X	Si	LVER S	PRING				
	4	NAME OF HOSPIT	AL (If not in haspital, g	ive street			d STREET AC					e.	IS RESI	DENCE
1		OR INSTITUTION	HERY GENERA	u Has	CDITAL		1	P					YES T	FARM?
	_				<del></del>		4	K	T.					<u></u> Æ-
	- 1	NAME OF DECEASED	Fir	sf	Middle		Last		4. DATE OF	Mai	ith	Day	Ŧ	ear
	(	(Type or print)	AFTCE		ELIZABE	ŤH	LE	E	DEATH		UARY	18		9 61
	5. 5	SEX	6 COLOR OR RACE	7 MARR	IED NEVER MARRIED	B. D	ATE OF BIRTH			9. AGE (In years last birthday)				
		FEMALE	NEGRO	WIDOWE	DIVORCED		8/10/9	2		68 75	Months	Days	Haurs	Min
	10a		11	dane 10h	KIND OF BUSINESS OR	INDUSTRY	11 BIRTHPLA	CE (State	or foreign co	eunity)	12 CiTi	IZEN OF V	WHAT C	OUNTRY?
		during most of work	ing life, even if retired	)	Kille ()   003111233					,,				
	-	DOMES	TIC			7		RYLAN				U. S	> • A	
T	13.	FATHER'S NAME				1	4. MOTHER'S	MAIDEN I	NAME					
A	1	BAKER S	ED GW LCK			-		L/	AURA P	OWELL				
	15	WAS DECEASED EVE			SOCIAL SECURITY NO	17 INFO	RMANT			Add	iress			
	(Yes	i, no, or unknown)	If yes, give wor or dates of s	ervice)			lannımı	. De	2000	01.45	sa Mari		1 =	
							OSPITA	L KE	CORDS,	ULNE	Y. MAI			
			•	use per lin	ne far (a), (b), and (c) }								IVAL BET T AND	
		PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	}	1. Rupi	FURED	ANEURY	SM.	THORAC	IC AORTA				
		11.51	DUE TO											
		Canditians, if a	which \		2 Heur	THAD	AX (600	10 00	1					
		gave rise ta in	nmediate		Ze HEME	INUR	MA LOUE	70 LL	<i>1</i>					
		cause (a), stating	the under-	,										
		lying cause last.	) (c											
	ō	PART II OTH	IER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO	THETERM	INAL DISEASI	CONDITION GI	VEN IN PAR	T 1(a) 19	PERFOI	KUTOPSY RMED?
	CATION												YESX	NO 🗍
1	4	20a ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJURY OCC	CURRED (	inter nature of	intury in	Part I or Part	Haf item 18.)				
۷.	CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)												
			Y Manth, Day, Ye	- 20-1 II	NJURY OCCURRED 2	O DIACE	OF INJURY (H	ome form	206 (City	en formal	Fi	Caunty)		(State)
	MEDICAL	Hour a. m.	e munini, pay, re	While	Nat while		, street, affice			ur ruwn;	(4	cauny		(alule)
	ME	p. m.	19	at war							-			
		21 I certify tha	t (I) (this haspital	Valtend	led the deceased for	om	1955	. 19	15. la.	Jan 18	196	7. tho	i th is	ve) last
		saw the deceas		- I	6 1.1		ik annonneral			Aba annua a			, , ,	
		22a SIGNATURE	ed drive dis	7		nar dea	in accurred	01 _	Mi, ITUIN	the causes a	id dii ine	e dure :		DATE
		177	1 110	1 1	110		ATTENDING		ED _	STAFF			. /-	SIGNED
fis.		Kant	U	Jack	1 AAT 1-2	* M.D			IRECTOR 📙	PHYS [_]			_1/_1	9/61
		22c PHYSICIAN'S NAME (Type)		1			22d. ADDRE	\$5						
			RICHARD	AY	ATES. M. D.		0	LNEY.	MARY.	LAND				
-	230	BURIAL, CREMATIO	N, 235 DATE THERE		23c. NAME OF CEMET	ERY OR C	REMATORY		23d LOCAT	ION (City, town,	or county)		(State	=)
		REMOVAL (Specify)	1/20/61		1/4 771	- L 0					47			
	24	FUNERAL DIRECTOR	1 1/06/01		ADDRESS	no Ge		250 050	D BY REGIST	PAR 255 REG	ISTRAR'S SIG	GNATUPE		
	24	J. P. MINECIOK		Vo			i							
		MULT	ti win	ruly	Rockvil	len l	d	DATE	JAN 26	01	inthus.	A. 7	wek	

deoth Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs the State Board of Health priar to burial, crematian, ar remayal, and in any event within 72 haurs after death. TO HOSPITAL C

VR A15 (4) 15M 9/59

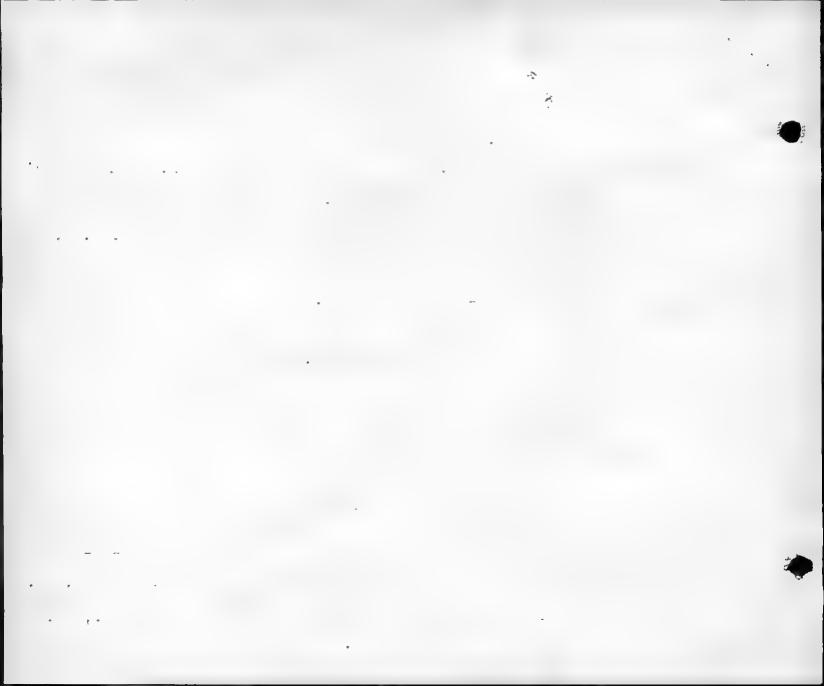


VR A15 (4) 15M 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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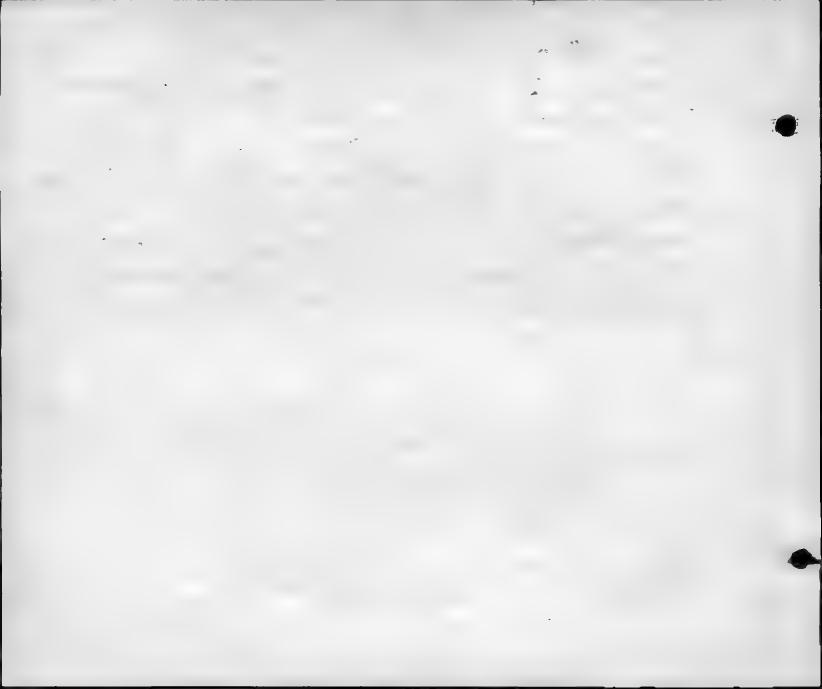
1. PLACE OF DEATH  COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Bethesda  11 Years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Bethesda
d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION 6200 Valley Rd.	d. STREET ADDRESS  6200 Valley Rd.  6. IS RESIDENCE ON A FARM? YES \( \) NO \( \)
3. NAME OF DECEASED (Type or print)  ROBERT E. Middle	LEE Lost 4. DATE Month Jan. 13, Pay Year Jan. 13, 19 61
S. SEX  6. COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	B. DATE OF BIRTH  Sept. 10, 1900   9 AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.
160. USUAL OCCUPATION (Give kind of work done during, most of working life, even if retired)  Retired  Gov † t	STRY 11. BIRTHPEACE (Stote or foreign country)  Fairfax, Virginia  U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Lee	Crump
(Yes, no, or unknown) (If yes, give war or dates of service)	Sara E. Lee Same as Item #2
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if ony which gove rise to immediate couse (a), storing the under-lying couse lost.  DUE TO  Lying couse lost.	ratio heart clises so 3 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO 1
	D. (Enter nature of injury in Port I or Port II of Item 1B.)
	ACE OF INJURY (Home, farm, 20f (City or town) (County) (Stole) clary, street, office bldg , etc.)
21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an 1/2/6/19, and that d	death accurred a M. fram the causes and an the date stated abave  ATTENDING  MED  STAFF  1-13-61 S GNED
22c PHYS C AN'S NAME (Type) ROBERT N. COALE	22d ADDRESS 4630 Montgomery Ave., Bethesda, Md.
230 BURIAL, CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY O CEMETERY O CEMETERY O	
24 FUNERAL DIRECTOR'S SIGNATURE ROBERT A. PUMPHREY Bethesda,	Md. 25g. REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DATE AN 1 6 '61 Cong & France



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



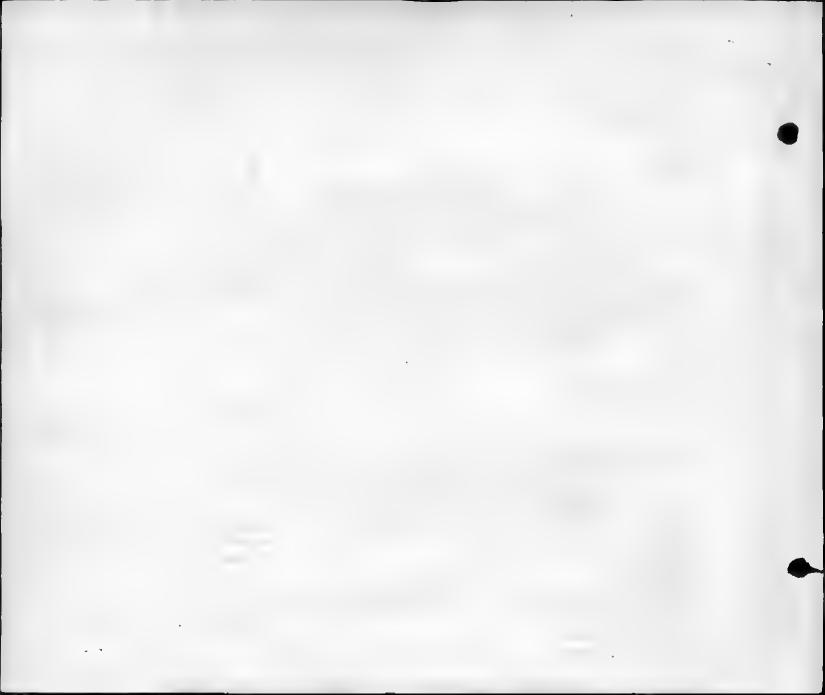
1 🗸	MARYLAND STATE DEPARTMENT OF HEALTH  Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. PLACE OF DEATH	on)
S. S	a. COUNTY  b. CITY OR TOWN (if out's do corporate limits)  b. CITY OR TOWN (if out's do corporate limits)  c. CITY OR TOWN (if out's do corporate limits), write RURAL and give nearest fown  c. CITY OR TOWN (if out's do corporate limits), write RURAL and give nearest fown	
al director. for your f Board of H	Takona Park D. D. A. Takona Park  a. is residen ON A FAR ON A FAR	
any del ne funer: etained e State I death.	Wash, San, 4 Hosp, 8219 Flower Aue, YES NO BECEASED Not Beceased North Day Year	X
3 to H 3 to H 5 be r iih th siter	(Type or print)  5. SEX  6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HE last birthday) Months Days Hours Min	s.
i after de 1, 2, and 1 ge 5 may and 2 wi	1De. USUAL OCCUPATION (Give kind of work done during most of working life, eyen il retirad)  1Db. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNT	RY?
hin 24 hours Give Pages File pages 1	Sheet Metal Worker Washington D.C. America	1
5002 + 6	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unknown) [(Ifyasgivawarordalesofservice)]	we
cuted v literall g with it permi	18. GAUSE OF DEATH [Enfer only one couse per line for (a), (b), and (c).]  INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH	Pa
be exe encil ir a alon al-frans I, and	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  DUE TO	da
ate should nding" in p iner's Office I as a buris or remova	Conditions, if any, which gave rise to immediate cause (a), stating the underlying DUE TO (cause lest).	
r certific ord "per il Exam be usec nation,	PART II. OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 e). 19. WAS AUTOP PERFORMED  2Do EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTIN	S Y
INER: This find the working the working a 3 should burial, creating the control of the control o		
A TO BO	20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., atc.) (County) (State)	
Cate, to the prior	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinio	n
DICAL acertificanted arrest	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER	
日本 502 一	SIGNATURE Frank J. Broscheet M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED	
DEPUTY ME 8356 execute It should be forv FUNERAL D its designated	EXAMINER'S NAME (Type) FAANK J. Brosch 2+ Address (Street, city, fown, or co inty)	
DE Short	228. BURIAL, CREMATION, 220 DATE THEREOF 222. NAME OF CEMETERY OR CREMATORY. 22d. LOCATION (City, town, or country) (State)  REMOVAL (Specify)  Will 12. 1961 Arlingter Nutting Country Wilson Williams	
VS. A15ME	23. FUNERAL DIRECTOR ADDRESS ADDRESS 246. REGISTRAY'S SIGNATURE	_
<b>5</b> M <b>7/</b> 59	January Mallies 234 Canall DV MV DC DATEJAN 11'61   Ciriling S. Kroma	_



**CERTIFICATE OF DEATH** 

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No. 1. 18 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) **b.** COUNTY c. CITY OR TOWN (Woutsiles corporate limits, write RURAL and give negrest town) . IS RESIDENCE YES NOTE Year 196 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys 12. CITIZEN OF WHAT COUNTRY? U.S. KENSING-TON INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (County) (State) , 1960, to Dresset, 19 that I last saw the deceased , and that death accurred at 9:24 A.M. from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED

(State)



STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 80 2-2-61 ev PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution: Residence before admiss on) e. COUNTY or death. If any de \_\_\_\_ necessary, and 3 to the funeral director. Page i may be retained for your files. 2 with the State Board of Health? a. STATE **b.** COUNTY MARYLAND b. CITY OR TOWN ('f outside corporate lim is, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give oberest town HOSP TAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? YES NO V 3. NAME OF Middle DECEASED ige 5 may be re and 2 with the 72 hours after o (Type or print) 196 Yaurs IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE 8. DATE OF BIRTH 7. MARRIED I NEVER MARRIED lasi birindayi Months Doys Hours 1 WIDOWED [ [ 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? Page done-during most of working life, even if retired) in pencil in Item 18. Give Pages pages form PM3. BATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within 24 Ralph B. Lockwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. File Florence Jbhnston 16, SOCIAL SECURITY NO. 17, INFORMANT (Yas, no, or unkown) (Ifyes give wer or dates of service) Office along with Siny 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: MMED ATE CAUSE (a) **DUE TO** remova Conditions, if eny, which (b) gava rise to immediate cause 70 **DUE TO** (e), steting the underlying SP cause lest PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [18]. 19. WAS AUTOPSY PERFORMED? ease execute the certificate, writing the word **crema** NO S plnous 20e EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF OF CONTRIBUTING [ should be forwarded to the Chief Me should be forwarded to the Sho FUNERAL DIRECTOR: Page 3 sho MEDICAL EXAMINER: 20d, INJURY OF CURRED ; 200, PE 20g. PLACE OF INJURY (Homa, form, Month, Day, Year 20f. (City or faw) (County) (State) / factory, street, office bldg., atc.) While Not White at work 12-05 pm. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 📈 Inquiry and in my opinion Suicide X death resulted from: Natural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) [Stela] REMOVAL (Specify) ㅎ O 940 Burial Arlington Vir 23. FUNERAL DIRECTOR VS. A15ME Bethesda, Maryland DATE AN 23'61 Robert A. Pumphrev a ilmy & Krases 5M 7/59



Item 18 Film 281 2- MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND RAMEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) e. COUNTY Page e. STATE **b.** COUNTY b. CITY OR TOWN (if oulside corporate I mits, MARYLAND c. CITY OR TOWN (If outside corporate I mits, write RURAL and give hearest town) E. LENGTH OF STAY IN 16 write RURAL and give nearest town] NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, g ve street address) . IS RESIDENCE ovid be executed within 24 hours after death. If any definition pencil in Item 18, Give Pages 1, 2, and 3 to the funeral Office along with form PM3. Page 5 may be retained to burial-transit permit. File pages 1 and 2 with the State Bomoval, and in any event within 72, hours effer death. ON A FARM? YES NO 2320 Larkin 3. NAME OF 4. DATE Month Yaar DECEASED OF Ann (Type or print, DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. lest birthday) WIDOWED Femala Thite 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fore gin country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Housewife Calif. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Stauffer Eleanor Rees certificate should be executed within 15. WAS DECEASED EYER NU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive weror detes of service) Husband (Charles Lokev) 18. CAUSE OF DEATH [Enter only one cause per I na for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute myocardial insufficiency sudd\_n IMMEDIATE CAUSE (a) DUE TO Myocarditis Corditons, fany, which lease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's C FUNERAL DIRECTOR: Page 3 should be used as a b gave rise to immediate cause DUE TO (a), stating the underlying causa last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUP NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY CERTIFICATION PERFORMED? Collarsed while shoveling snow NO 206. DESCRIBE HOW INJURY OCCURED, (Enter neture of 'njury in Pert I or Pert II of Item 18.) 206. EXTERNAL CAUSE WAS Page 3 snow to buriel, o PRIMARY [] or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form, Morth, Day, Yeer 20f. (City or town) (County) (State) factory, street, office bldg., atc.) Not While at work al work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection ... Inquiry and in my opinion Undetermined manner Accident . Suicide Homicide death resulted from: Natural causes CHIEF MEDICAL EXAMINER designated ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 1-27-61 DEPUTY EXAMINER'S NAME (Type) Frank J. Brichart Address (Streat, city, town, or county) 228, BURJAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Q 40 ₽ Arlington, Virginia Burial Arlington National ADDRESS 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE Tyson Wheeler Funeral Home VS. A15ME arthur & Kraus DATSJAN 3 0 '61 5M 7/59 1331 E. Montgomery Avenue, Rockville, Md.



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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director, ited with ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs 2000 death. Page 4 TO HOSPITAL O

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۵	Z	page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be fi	Sto
Sp	4	0	9
may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral	Q.	the State Board of Health prior to burial, cromotion, or removal, and in any event, within 72 hours after death.
	-		

VR A15 (4) 15M II/59

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ī	PLACE OF DEATH COUNTY	ρ. π		MARY	rland	a STATE	DENCE (Who		b COUNTY		before adm	nession)	
b CITY OR TOWN (if outside corporate limits, write c LENGTH OF STAY IN 1b RURAL and give nearest town)						c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)							
	KDKAC ONG BIAR IS	LA SPATE	<u> </u>	10 Vears		1 1	TT 775	RSP	377				
Г	d NAME OF HOSPIT	AL (If not in haspital, s	-			d. STREET A		<u></u>	· · · · · · · · · · · · · · · · · · ·		10	RESIDENCE	
L	7	27 I.SIE	5	RLP			7	<u> 27 L.</u>	<u>.sLal S</u>		YES	□ NO □	
3.	NAME OF DECEASED	Fir	si	Middle		Las	t	4. DATE OF	Mon	th	Day	Yeor	
	(Type or print)	w 11.	IFRE	D S.	•	L1(	DFL	DEATH	J2.1		11	19 61	
5	SEX	6 COLOR OR RACE	7 MAR	RIED NEVER MARRI	ED 🔲 I	B. DATE OF BIRTI	Н		9 AGE (In years lost birthday)				
	ED ATT.	भू र, मुख्य,	WIDOW	ED- DIVORCE	D	17-9-6	37		9.7. yrs	Months D	ays Hou	Irs Min.	
10	to USUAL OCCUPATION during most of work	ON (Give kind of work ling life, even if retired	dane 10b.	KIND OF BUSINESS C	OR INDUS	TRY 11 BIRTHPL	ACE (State o	or foreign co	iuntry)	12. CITIZE	N OF WHA	T COUNTRY	
		[F45]				The second secon	INNA.		<u> </u>	L	<u> </u>	S. a	
13	. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
L		INTELL ST	77					LIL	if He I	3 Lus			
15	WAS DECEASED EVE	R IN U. S ARMED FOR		SOCIAL SECURITY NO	17 IN	FORMANT			Add	ress			
	110	. , ,		110		·	7.7C	Ŧ	5	· · ·			
	18 CAUSE OF DEA	ITH [Enter only one co	use per li	ine far (a), (b), and (c)	·]							BETWEEN	
	PART I DEA	TH WAS CAUSED BY:	7.	Standalla.	21	1.2100	7	1			ONSEL AL	ND DEATH	
L	11 6	DUE TO		2.0.0		77700	3 0 0 0 0			-			
1	Conditions if the white												
	gove rise to in	mmediote (	*			·							
	lying couse lost.												
Z		J (c	-	CONTRIBUTING TO DE	ATH DUT	NOT BELLYED TO	THE TERMIN	IA. DICEASE	COMPUTION OF	/Ch 1 7h 1 8 4 97 1	10. 30. 344	LC ALITORCY	
CERTIFICATION	PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPS PERFORMED?  (I) Cittoro December 2 (2) At 1 perlansury										REORMED?		
ERTIFE	200 ACCIDENT WA	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY O	CCURRED	(Enter nature o	if injury in P	ort   ar Port	II of item 18 )				
			00.1		20. 81.6	CC OF MUNION		I mor us .				461.5	
MEDICAL	Hour o. m	Y Month, Day, Ye	While	NJURY OCCURRED  Not while	foc	CE OF INJURY ! lory, street, office	bldg., etc.	)   ZUF (City	or town!	{40	unty]	(Slate	
×	p. m	19	at wa					<u> </u>	1 ( 0				
	21 I certify tha	t (l) (this haspita	l) attend	ded the deceased	fram		12.	53.to_	11701	1 , 196	( that (I	) (we) las	
	saw the deceas	sed alive an	2 2 to	22_19 4/, and	I that d	eath accurred	d at C.A	M, fram	the causes ar	d an the	date stat	ed obave	
	220 SIGNATURE											226 DATE SIGNED	
	MD ATTENDING MED. STAFF DIRECTOR DIRECT									1/6-1			
	22c. PHYSICIAN'S NAME (Type)					22d. ADDR	ESS				MARY	LAND	
	Lawrer (Libba)	WILLIAM	D. A	UD		9000	5 dol	eswi	llo na.	311v	ar S	าทร์ ห.	
23	Ba BURIAL CREMAT O	N, 235 DATE THEREG	)F	23c NAME OF CEM	VETERY OF	CREMATORY			ION (City, town,			iote)	
	REMOVAL (Specify)		0.1	Lt. CT.	11.	, ,	3,7	\$	1 1	7.7	1.	0	
24	FUNERAL DIRECTOR	S SIGNATURE A	2-00	ADDRESS VI A	SH	D. C.	25g, REC'S	BY REGIST	RAR 255 PEGI	STRAR'S SIGN	NATURE	G.	
	2.6	1.7	ING	3821 14m						Thur S. 1	4		



TO HOSPITAL O

VR A15 (4) 1SM 9/59

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

60875

- 1			
	1. PLACE OF DEATH a, COUNTY MARYLAND	2 USUAL RESIDENCE (Where deceased lived if institution: Resid o. STATE b. COUNTY 1	ance before admission)
ŀ	b C.TY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and	
	RURAL and give nearest town) 11/37/60 - 1/23/6	HYATTSVILLE	1667-7
	d NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION	d STREET ADDRESS	e, IS RESIDENCE ON A FARM?
	FAIFTAND NURSING FROME	Inst 4. DATE Month	YES NO DY
77	3 NAME OF DECEASED (Type or print) A / / W.C. F	LYN 11 A M DEATH 1—	23 196
	S. SEX 6 COLOR OR RACE 7 MARRIED NEVE - MARRIED	8 DATE OF BIRTH  9. AGE (In years IF UND lost bi-hday)  Months	ER 1 YEAR IF UNDER 24 HRS
	TENTALE UNITE WIDOWED DIVORCED	NOV 16 - 1817. 86 yrs	
	10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)  Own Home	ISTRY III. BIRTHPIACE (Slate or foreign country)	17 IZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	1
		NFORMANT Address	
	Yes, no. or unitation) (If yes, give wor or dates of service) NONE Lu	ncy A Lynham Hyattsville M	d.
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	the single of	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	H RAMINA	146
	DUE TO		
	Canditions, if any, which gave rise to immediate DUE TO		
	lying cause last.		
		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	ART I(a) 19 WAS AUTOPSY PERFORMED?
	PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		YES NO []
1	\$\frac{1}{200}\$ ACCIDENT WAS UNDERLYING \( \subseteq \) 70b. DESCRIBE HOW INJURY OCCURRE OF DEATH \( \subseteq \) (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED (Enter nature of injury in Part t or Port II of item 1B.)	
	1 = 1	LACE OF INJURY (Home, farm, 20f. (City ar tawn)	(County) (State)
	White Nat white of wark of wark		
	21 I certify that (I) (this haspital) attended the deceased fram	<i>July</i> =	Lef., that (I) (we) last
	saw the deceased alive an	death accurred of M, fram the causes and an t	he date stated obave
	Liman Jan	M.D. ATTENDING MED STAFF DIRECTOR PHYS.	1-23- SIGNED
	) 22c/PHYSICIAN'S NAME (Type)	22d. ADDRESS	A
ŧ.	Leonard Hays	Tryansvuy: 111	/
	Burial (Specify)  Jan 26. 1961	//	y) (Stote)
	Burial Jan 26, 1961 Rock Creek  24. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS	250. REC'D BY REG STRAR 255, REGISTRAR'S	SIGNATURE
	r'. Gasch's Sons Hyattsville Md.	DATE JAN 2 6 61	7 & Kroug



W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RES MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, if institution Residence before admission) director, Page or your files. . COUNTY a. STATE **b.** COUNTY of trade M\_ontgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town). write RURAL and give neerest town Bethesda days Washington d. STREET ADDRESS NAME OF HOSPITAL OR INSTITUTION of not in hospital, give street address) a. IS RESIDENCE ON A FARM? YES NO 4110 Fessenden St. Suhurban 3. NAME OF 4. DATE and 3 to the DECEASED OF (Type or print) DEATH P. Mac Donald Jan. **Kii**h 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 19. AGE I'm Yours (IF UNDER 1 YEAR ! IF UNDER 24 HRS. may b and 2 will 32 hours lest birthday) Months WIDOWED T DIVORCED Female Dec. 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fore gin country) USUAL OCCUPATION (G valkind of work 12. CITIZEN OF WHAT COUNTRY? Office along with form PM3. Page burial-transit permit. File pages I and noval, and in any event within 72-1 ope during most of working life, even if relired) Retired Wash. D.C H.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Gerald Piper

15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Minnie Duetch IYes, no, or unkown) ( (If yes give were releas of service) Daughter Mrs. Allen Minnix Jr. (Same as Item Interval between Onset and Death NO
18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I, DEATH WAS CAUSED BY IMMEDIATE CALSE (a) Massive Subdural Hemmorrhage Conditions, if any, which Pontine Hemorrhage gave rise to immediate cause DUE TO (a), stelling the undarlying 50 cause last. PART II OTHER SIGN FICANT CONDITIONS CONTRIBLITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,61, 19, WAS ALTOPSY PERFORMED? esse execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be NO e 3 should leburial, crem 20a. EXTERNAL CAUSE WAS PRIMARY EX OF CONTRIBUTING CAUSE OF DEATH. 20b, DESCRIBE HOW MIJURY OCCURED. (Enter neture of Injury in Part I or Part II of item 18.) MEDICAL EXAMINER: 20d. INJURY OCCURRED 20c. TIME OF INJURY 20f. (City or town) Month, Dey, Year (County) (actory, street, office bldg., atc.) While Not While el work at work. 21. I certify that I took charge of the remains described above, held an Autopsy I. and in my opinion Homicide Undetermined manner death resulted from: Natural causes Suicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE EKAMINER'S Address (Street, city, town, or county) NAME (Type) Franke Here Proches thame of CEMPTERY OR CREMATORY 22. BURIAL, CREMATION. 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) <u>7</u>40 A15ME arthur & Kraya

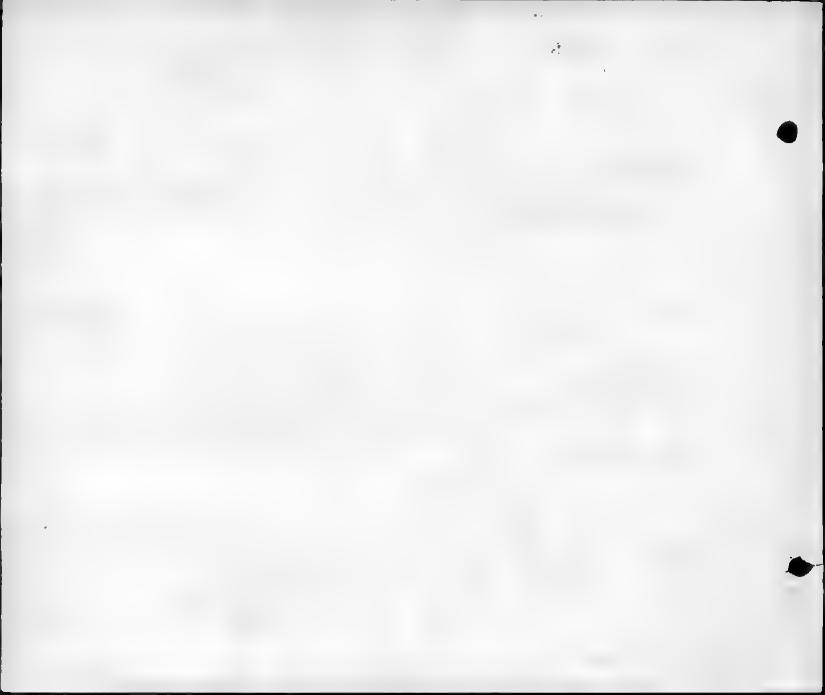
LAND STATE DEPARTMENT OF HEALTH



VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18 Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY NONTGOINER e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) . IS RESIDENCE ON A FARM? YES NO P Year 19 1. 9. AGE (Indears last birthday) IFUNDER LYEAR IN UNDER 24 HRS Months Doys /Hours 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH Com school sus PERFORMED? YES T NO TO 20e. PLACE OF INJURY (Hame, form, | 20f. (City or town) (County) (Stole) 62. that I last saw the deceased M. from the causes and an the date stated above. ADDRESS (Street\_city or town, state) DATE SIGNED 22d, LOCATION (City town or county) (State) 246 REQUETRAR'S SIGNATURE

DATE JAN 1



CERTIFICATE OF DEATH OOK

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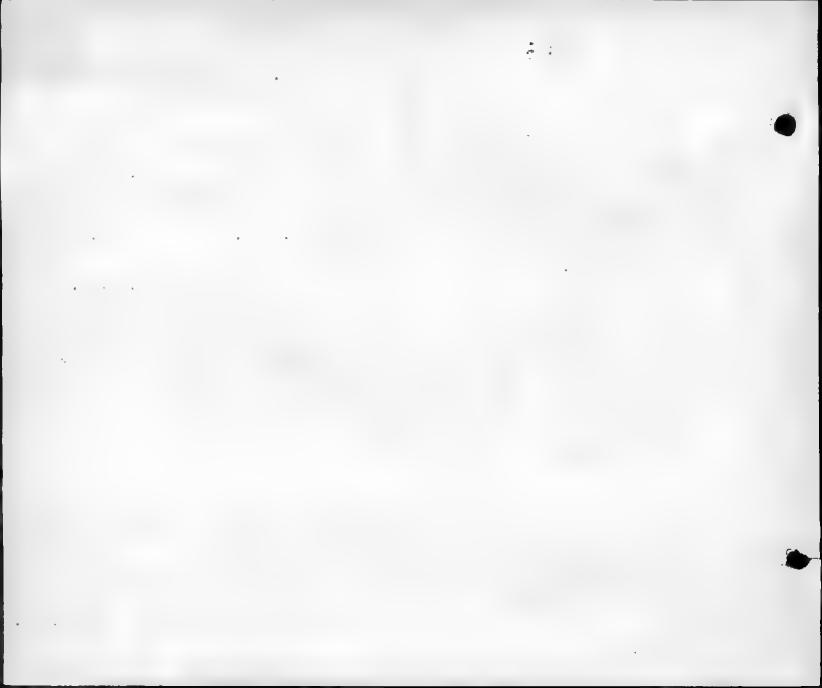
9	888			
1	PLACE OF DEATH a. COUNTY Montgomery	MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If a constant Md.	nstitution Residence before admission)  NONTY MONTGOME TY
1	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring	10 yrs	c. CITY OR TOWN (If ausside corporate limits, Silver Spring	write RURAL and give nearest tawn)
	d NAME OF HOSPITAL (If not in hospitol, give street or INSTITUTION 2006 Hildarose Drive	oddress)	d STREET ADDRESS 2206 Hildarose Dri	e is residence on a farm? YES \( \) NO \( \)
	3. NAME OF First DECEASED (Type or print) Mildred	Middle A •	Maresch death J	Month Day Year an 22, 1961
	female 6. COLOR OR RACE 7. MAR White WIDOW		8. DATE OF BIRTH 9. AGE (In lost birth to 1	
/	10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)  housewife	KIND OF BUSINESS OR INDUS	Duluth, Minn.	U.S.A.
	Frederick C. Ehling		14. MOTHER'S MAIDEN NAME Cora Mae Shattuc	k
_	(Yes, no or unknown) (If yes, give wor or date of service)		IFORMANT	Address S.S., Md. Hildarose Drive
	18. CAUSE OF DEATH [Enter anly one cause per leading to the cause per leading to the cause per leading to the cause (a) DUE TO Candillians if any, which	ine for (o). (b), and (c) ]	Lewal Effusion of Right Breast.	INTERVAL BETWEEN ONSET AND DEATH A WELK.
	gave rise to immediate cause (a), stating the under.    lying cause last   (c)	etastasis To	ling & slain	
	PART II OTHER SIGNIFICANT CONDITIONS  200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THETERMINAL D SEASE CONDIT	ON GIVEN IN PART 1(0) 19 WAS ALTOPSY PERFORMED? YES NO
		SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Port II of Hem	18 )
	Hour a.m. While	f.	ACE OF INJURY (Home, farm, 20f (City or town) clary, street, affice bldg., etc.)	(County) (State
	21. I certify that (I) (this haspital) attensaw the deceased alive an house 2.		eath accurred at 10 FM, from the caus	es and an the date stated above.
	William Fran	h	M.D ATTENDING MED STAFF DIRECTOR PHYS	Jan, 22, 140
1	22c PHYS CIAN'S WILLIAM F	RANK, M.D	ROCKVILLE,	LOMERY AVE
	Burial, Cremation, 23b Date Thereof  Burial 1/25/1961	Fort Linco.	In Cemetery Prince G	eorges County, Mo
	The S.H. Hines Co., 29			REGISTRAR'S SIGNATURE

death Page 4

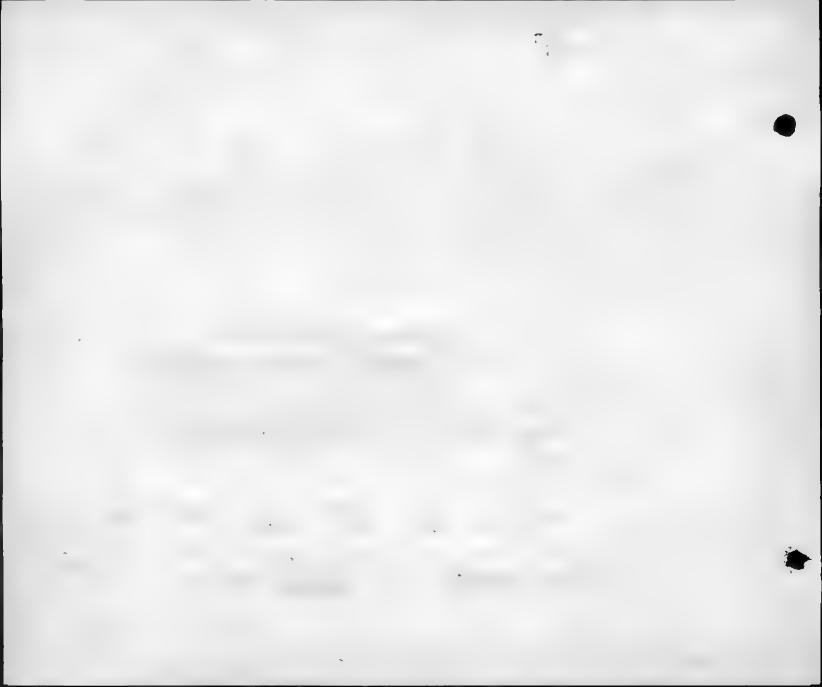
[TIINDINE PHYSICIAN: Tie law requires that the death certificate Le executed within 21 haurs

may be revained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Board of Health priar to buriol, cremation, ar removal, and in any event, within 72 hours after death. TO HESPITAL C VR A15 (4) 1SM 9/59



DIVISION OF STATISTICAL RESEARCH STREET, BALTIMORE 1, MARYLAND OF DEATH CERTIFICATE funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN it outside corporate I m ts, were RURAL and give merget town) c. CITY OR TOWN (if outside corporate limits, write RURAL and pive neerest town) e LENGTH OF STAY IN 16 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? YES NO T completely NAME OF DECEASED OF (Type or print) DEATH 6. COLOR OR RACE AGE (In yours IF UNDER 1 YEAR IF UNDER MARRIED NEVER MARRIED last birthdey WIDOWED D YORCED [ physician OVB 12 CITIZEN OF WHAT COUNTRY? IN FATHER'S NAME please 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO (Yes, no for unkown) (If yes give wer or dates of service INTERVAL BETWEEN 18. CAUSE OF DEATH (finter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMED ATE CAUSE '8' DUE TO Conditions, if envy which (b) gave rise to Immediate causa DUE TO (e), stating the underlying couse lest. PART II, OTHER S. GNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RE, ATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY PERFORMED? NO F 2Da. ACCIDENT WAS UNDERLYING 11 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of in ury in Pert, or Pert II of Item 18 OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d, INJURY OCCURRED , 20a, PLACE OF INJURY (Home form, 20f (City pr town) (County) (State) Month, Day, Year factory, street, office bldg., etc.) Not While Hour am While et work et work [acc 22, 1961, that (1) (we) last take 19 €/, to. .. may be reta 21. I certify that (1) (this-hospital) attended the deceased from . saw the deceased elive on .. 22a, SIGNATURE SIGNED PHYS. M.D. death. Page 4 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, be filed v BURIAL CREMATION, 1 2350 REMOVAL (Spacty) H REGISTRAR 256 REGISTRAR'S SIGNATURE 25e. REC'D BY VR A15 [4] 15M 9/60

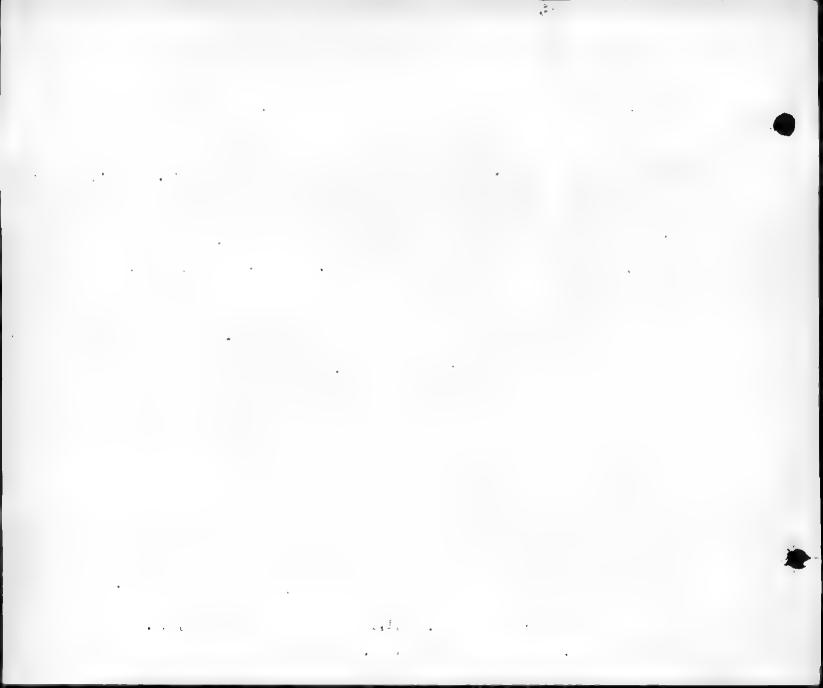


executed

certificate

death (

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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4	
Page 4	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  5. COUNTY  5. COUNTY
Filed a	Montgomery Maryland 6. COUNTY Montgomery
be g	b CITY OR TOWN (If outside corporate limits write running to LENGTH OF STAY IN 1b running components town)
£ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Bethesda 9 Bethesda
a g g	d. NAME OF HOSPITAL (If not in hospital, give street address)  or INSTITUTION  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
25 g	5308 Huntington Parkway   5308 Huntington Parkway   YES   NO 12
الله الله	3. NAME OF First Middle Last 4. DATE Month Day Year OF Tax Z
filled filled ges 1 soth.	(Type or print) CLARA L. MAST DEATH JETT. 9, 19 O.L.
Page riche	5 SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  9. AGE (In years light prihaday)  Magylis Days Haurs Min
after after	Female White WIDOWED DIVORCED Dec. 2, 1879 81 yrs May Day's Hours Min
cute ope urs c	10a USLAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country)  12 CIT.ZEN OF WHAT COUNTRY?
exe o bid o hou	Church Organist Retired Penna. U.S.A.
be constant	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ete Scia	James Henry Margaret Lane
phys mov int, w	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT SON  Address [You no, or unknown)         If yes, give wor or dates of service)
	No Unknown A.L. Thomas 18 Nod Rd., Ridgefield, Con
attending of please in only ever	18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).]
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  I was Faglioenleite  48 hour
# ## ## ## ##	1 4-d 0 DUE TO 0 100
± δ <sub>±</sub> δ	( Conditions, if ony, which) the Portible any cardial infarction better
ned ferm mov	gove rise to immediate couse (a), stating the under-
and	lying cause lost. (c) attached the Market
sicio	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
phy as h	13 huyacardial infarction a year ago YES NO NO
ا ما ا	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of Item 18)
Pendi St. c	
SIC officers design	S 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
YHY Tori	Hour o. m. While Not while factory, street, office bldg, etc.)
o d p p p	12 2 6/ 1/ 2 /2/
Affect Property Prope	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TTEN the oder	saw the deceased alive an 1962, and that death accurred at 18 M, from the causes and on the date stated above 220 SIGNATURE
E A D P E	STATE (1) (1) A REVENDING MED. STAFF 7 SIGNED
o page of page	22c PHYSICIAN'S 22d. ADDRESS
AL CANDING NI DIII DIII DIII DIII DIII DIII D	NAME (Type) Edward W. Youngblood 8606 Ewing Drive, Bethesda, Md.
PITA Se re St A	A Way a segment of any or a management of any or a management of any or a management of a mana
NOSPITAL CONTINUED TO TUNERAL DIRECT PAGE 3 should be die State Board of the State Board	PENCOVAL (Specify)
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Cremation 1-5-61 Cedar Hill Grematory Prince George Co., Md.  74 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
VR A15 (4)	POREDT A DIMPHDEY Pothoods Md   ISM 6 151 C. J. of 40 A
15M 9/59	ROBERT A. PUTITIKET DECITES OF THE DATE SHIP OF THE STATE

death Page 4



death. Page 4

(TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	 	•••••••	D		
889	CERTIFICATE	OF DEATH			
	2 US	UAL RESIDENCE (When	e deceased lived.	If instituti	í

	889 CERTIF	ICATE OF D	EATH	4		Reg. Dist. No	. 60	888
1	1. PLACE OF DEATH 6. COUNTY 1 Montgomeny MARYLA	AND O. STATE	erce (Wh		d. If institution b. COUNTY	n Residence before Montgom		on)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  ROCKV111e,	t 1b c. CITY OR 1		ckville	imits, write RL	JRAL and give ne	arest town	)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 107 Park St.	d. STREET A		Street				PARM?
	3. NAME OF DECEASED (Type or print) Donald R.	No there	ŀ	4. DATE OF DEATH	Mont J^n.	h Do	*	fear
	S. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED			9 4	GE (th years st birthdoy) 7 yrs.	Months Days	Hours	R 24 HRS. Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Student		ace (Store		1}	12. CIT. ZEN O	EWHATC	OUNTRY?
	13. FATHER'S NAME William H. Mathers	14. MOTHER'S		ame se Hedg	es.			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO.  [Yes, no, or unknown]  [If yes, give wor or dates of service]  12-30 277	INFORMANT WILLIAM	Н. 1	W. they?		ork "t. ckv lle	e, M	3
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  MMEDIATE CAUSE (o)   DUE TO   Conditions, if any, which gove vise to immediate couse (o), stating the under:   lying couse lost.   Conditions Contributing to DEATE   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATE	H BUT NOT RELATED TO	THETERMIN	NAL DISEASE CO	LEM NO STONE GIVE	ur-	PERFO	MOLLO AUTOPSY RMED?
	206. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED (Enter noture o	f injury in F	Port 1 or Port 11 o	Fitem 18.)		YES [_]	NO 📑
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 2 Hour o. m. p. m. 19 While of work of work	Ge. PLACE OF INJURY I foctory, street, office	Home, form bldg., etc.	20f (City or to	own)	(County)		(State)
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) W.S. Nurna.	leath accurred at,	· ·	ADDRESS (Street, ontger	causes and city or town,	e. Rad	e stated	l abave. E SIGNED
	220. BURIAL, CREMATION, 226 DATE THEREOF PORKLOW PORKLOW			Roaky:		4.7	(Stot	e)
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS TUSON Wheeler 1221 F Montrome	m: Ave		BY REGISTRAR		TRAR'S SIGNATU		

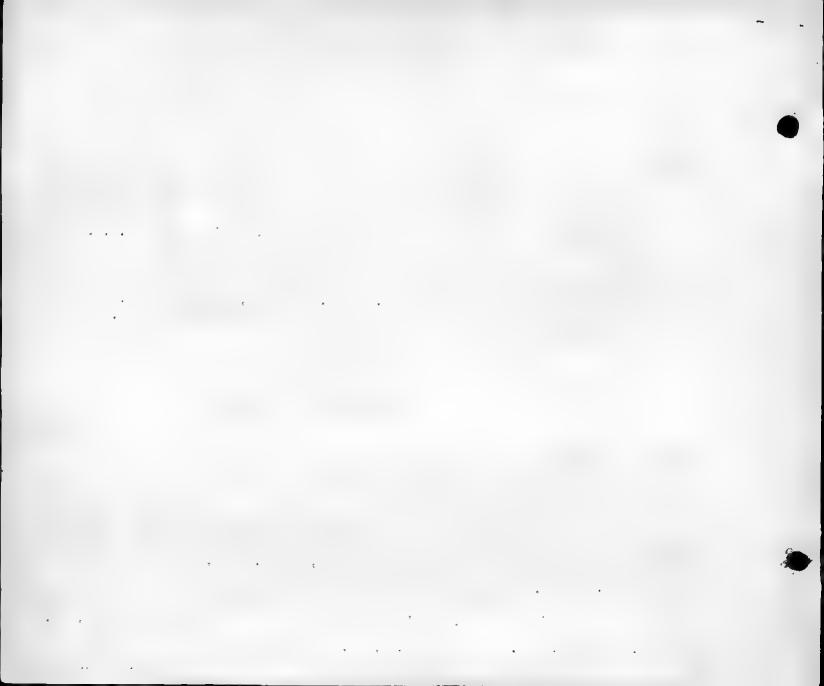
Rockville.

may be retained by the haspitor or attending physician.

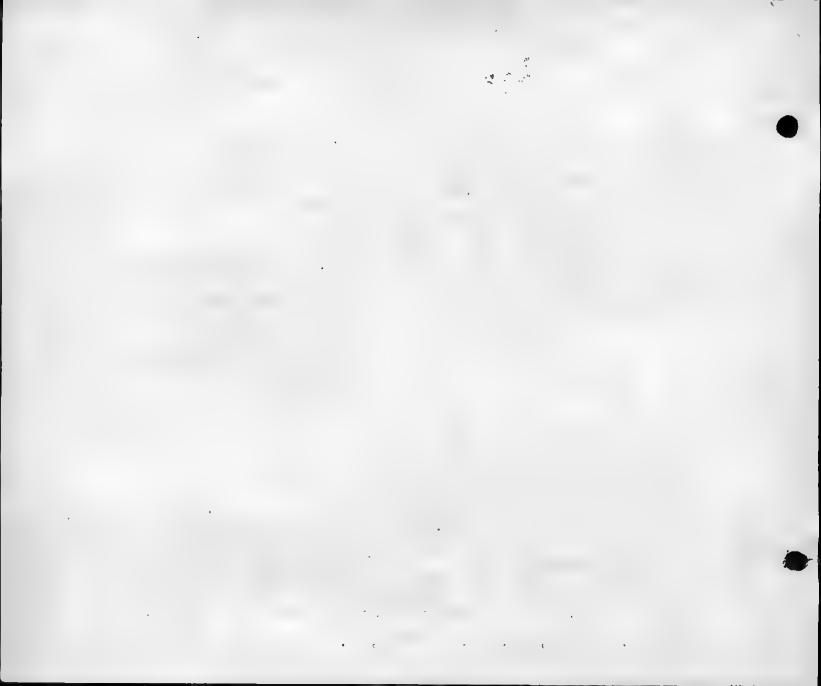
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remain carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remaindly, and in any event within 72 haurs after death. TO HOSPITAL O VS A15 (4) 1SM 9/58



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



AND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased fived, If institution, Residence before admission) PLACE OF DEATH a. COUNTY L 92 42 42 MARYLAND b. CITY OR TOWN (if outside corporate limits, with RURAL and give meanest town) e. LENGTH OF STAY IN 16 c. CITY OR TOWN (IPoutside corporate limits, write RURAL and give nearest town) and þ .917 Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address a. IS RESIDENCE ON A FARM? YES NO completely NAME OF Middle Year DECEASED 2 DEATH (Type or print 19 61 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH AGE (In years | IF UNDER I YEAR ) IF UNDER 24 HRS. 5. SFX 6 COLOR/OR RACE last birthday) and Months Days DIVORCED WIDOWED physician 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) during most of working life, even if ratice Wigard master FATHER'S NAM 14. MOTHER'S MAIDEN NAME ding ā. S DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO So, or unkown) | (lives give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line) for (a), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (# DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.6.) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of in ury 'n Part I or Part II of Item 18 ) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) Countyl (State) Month, Day, Year factory, street, office bldg., etc.) MEDIC While Not While Hour a.m. at work at work 19 19 to ...! 196 ..., that (I) (we) last ...196/...., and that death occured at. 2 from the causes and on the date stated above. saw the deceased alive on,. 22b. DATE 22a. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR FUNERAL ector, page 3 22c. PHYSIGIAN'S 22d ADDRESS filed v (State) 238. BURIAL, CREMATION, 23b. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, Lovettsville Union Cemetery Lovettsville. REMOVAL (Specify) 2/4/61 0 BURIAL H 25a REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE SILVER SPRING, MD. VR A15 (4) arthur & Tirars 15M 9/60



TO HOSPITAL O

VR A15 (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH

892 ALTIMORE 1, MARYLAND

N	OF	SIMILISHOWE	KEJEMRÇI	U WIAN	KECOK	U3 —	DALFI
		CEI	RTIFIC	ATE	OF	DE	ATH

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1 PLACE OF D	EATH			MARYLA	4	. USUAL RESIDENCE (W)	ere deceased	lived. If institution	on: Reside	nce befor	e admissi	ian)
Montg		1 122				Maryland			<u> </u>	res		
RURAL on	d give nearest		ts, write	c. LENGTH OF STAY IN	I Ib	c. CITY OR TOWN (If o		ate limits, write K	UKAL and	give near	rest town	1)
Bethe	sda_(R	ral)		12 days					0	8/		L
d. NAME OF	HOSPITAL (II UTION	f not in hospitol, g	ive street	oddress)		d. STREET ADDRESS					on A	FARM?
U. S.	Naval	Hospita]	l			Apt. 6L, Ri	ver Vi	ew Villa	ıge		YES [	NO M
3 NAME OF DECEASED		Fire	st	Middle		Last	4 DATE OF	Man	th	Day	,	Year
{Type or prin		Kev:				MC GARRY	DEATH	Janus	ry	21	]	19 61
5. SEX	6. 0	COLOR OR RACE	7. MARI	RIED NEVER MARRIED	<b>№</b> 8.	DATE OF BIRTH		9. AGE (In years last birthday)	Months	TYEAR		1
Male	Ca	aucasian	WIDOW	ED DIVORCED		1-9-61		λιs	Months	12	Haurs	Min
10a USUAL OC	CUPATION (C	Sive kind of work of ife, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUSTI	Y 11. BIRTHPLACE (Stote	ar foreign co	untry)	12. CI1	IZEN OF	WHATC	OUNTRY?
doring mos	-	tre, even ir retired	,		_	Maryla	nd			USA		
13. FATHER'S N.	AME					14. MOTHER'S MAIDEN						
Edward	R. Met	Garry			1	Lucilie Ta	lbot					
16. WAS DECEA	SED EVER IN	U. S. ARMED FOR		SOCIAL SECURITY NO	17, INFO	RMANT		Add	ress			
No_	n) (If yes,	, give war or dates of H	10.0	lone	(1)	Edw. R. McG	arrry.	same as	#2	abovi	e	
	OF DEATH	Enter anly one co		ne for (a). (b), and (c).]		7	1	. /	0	LINTE	RVAL BE	
		VAS CAUSED BY: MEDIATE CAUSE (o		scruling	Sm	1100 Prose	0/7	MINAR	10011	ONS	ET AND	DEATH
73.	IMN	DUE TO		,	4//	4375 474 VI		Joed Ass.	Ni YU	-		
Canditio	ns, if ony,	and the same of th						4				
	e to imme	di ate										
cause (a), lying cau	stating the u											
		IGNIFICANT CON		CONTRIBUTING TO DEAT	H RIT N	OT RELATED TO THE TERM	NAL DISEASE	CONDITION GIS	FN IN PAI	PT 1/0) 15	O WAS I	AUTOPSY
CATION	m Crimes di	ON IGNATION	D.1 G(45 (	CONTRIBUTION TO DEST	<u> </u>	OT REDATED TO THE TERM	TAME DISCASE			(1 1/0)	PERFO	RMED?
	ENIT MAKE 116	INTRIVING EI	20h DEC	COURT HOW INTERVOCE	HODED	(Enter noture of injury in	Part Las Part	II of Jam 18 1			102 (30	NO 🗆
20g. ACCID OR CONTR (IF EITHER,	BUTING C	DERLYING AUSE OF DEATH	200. 013	CKIDE HOW INJURY OCC	.UKKED.	center noture or injury in	ran i ar ran	II or nem ip.,				
			. land w	120	0 - 5) 4.5	F AF INTERPORT	mot ver					10° - 1 1
	om om	lanth, Day, Yea	While	Nat while		E OF INJURY (Hame, farm ry, street, office bldg. etc		or town)	1	(County)		(Stote)
	p m.	19		k at work			1					
21. I cert	ify that 💥	(this haspital	) otteno	ded the deceased fr	amJ	an. 9 4:19	61 .ta	Jan. 21	L., 19_	61. the	of (P\$ (s	we) last
saw the	deceased	alive onJ	an. 2	1961 , and th	hot de	oth accurred at	M, from	the causes on	d an th	e date	stated	above
220. SIGN	JURE 7	11		-								SIGNED
7	nies	MARI	Chem		M.	D. PHYS. 🔲 DI	RECTOR	STAFE PHYS K		1	-21-	61
22c PHYSIC NAME	IAN'S W.	. D. HOOF	ER,	LT, MC, USN		22d. ADDRESS						
		OBOOROUD)	XXXXX,	XXXIXIXXXIIIXXXXXXXXXXXXXXXXXXXXXXXXXX	SAR	U. S. Nava	1 Hosp	pital, Be	thes	da	Md.	
230. BURIAL, CI REMOVAL		236. DATE THEREO	1 1	23c NAME OF CEMET	ERY OR	CREMATORY	23d LOCAT	ION (City, town,	ar county)		(State	e)
Burial	opocity)	1-24-	61	Arlingto	n Na	tional	Arli	Ington		Vi:	rgin	ia
24, FUNERAL DI	RECTOR'S SIC	NATURE 7	Usol.	ADDRESS			D BY REGIST					3
Collins	Funer	al Home	3821	14th St.	NU.	WashDC DATE L	AN 25 1	61 0	thur !	1. The	uA	

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DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 893

66886

1.	Montgom	ery		MARY	LAND	2, USUAL RESID			l lived If institut b. COUNTY	ion: Residenc Mont	go:	mery
	o. CRY OR TOWN (IF RURAL and give ner Lney	outside corporate limi arest fown)	its, write	c. LENGTH OF STAY  7 weeks	11	Edno	,	utside corpor	rote limits, write l	RURAL ond gi	ive no	orest fown)
4	OR INSTITUTION	AL (If not in hospital, g				d. STREET A		Lane	<b>3</b>			e IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Herl		Field Middle	Mc	Laury		4. DATE OF DEATH	" Ja	nuary	2	-
5 :	EX	6. COLOR OR RACE	7 MARE	RIED A NEVER MARRIE	D 🔲 8	DATE OF BIRTH	4		9 AGE (In years		YEAR Days	Hours Min
	ale	white	WIDOW	N-1		9/12/			70 yrs	Monnes	ocays	FIGUES WITH
3	annual most of work	N (Give kind of work) ing life, even if retired <b>ng Mana</b> ge	1	sumpretings. RailRoads		IOW		or foreign co	ountry)			F WHAT COUNTRY .A.
13.	Charles	Henry Mc	Lau	ry		14. MOTHER'S Nell			ck Wash	burn		
15. (Ye		IN U. S ARMED FOR		SOCIAL SECURITY NO 18-10-7499		ormant lospita	al re	cords		iress		
	Conditions, if on gove rise to in couse (o), stoling t lying couse lost.	nmediate Duce		rici, no tastanis	toj	At lun nocle	t e	ler.	g., Ke	Lucy	, J	SET AND DEATH,
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED?  YES 2 NO											
	20a ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 1) of item 18 ) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m	f Month, Doy, Ye	ar 20d, I While of wor			CE OF INJURY (I ory, street, office			or town)	(C	ounty)	) (State
	21. <b>I certify</b> that	1.7.1.	l) attend	ded the deceased		eath accurred				,		hat (I) (we) las e stated abave
	220 SIGNATURE	13	4/6			ATTENDING	G _/M	ED RECTOR [	STAFF PHYS.			22b.DATE SIGNE
	22c PHYSICIAN'S NAME (Type)	A,D.	Bir	WITAN	7	22d. ADDRE	\$5 - f; te.	cty	Stre	۷.)	K	4.6
23c	BURIAL, CREMAT OF REMOVAL (Specify)	1/27/61	OF	23c NAME OF CEM WOODS IDE				BR J NK	tion (City, town, LOW, MAR	or county) YLAND		(State)
	SUNERAL DIRECTOR	SEIGHATUREY I	NC.	SILVER'S SPR	ING,	MD.	250. REC'	D BY REGIST	C1	ISTRAR'S SIG		

may be retained by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the furral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remayol, and in any event, within 72 haurs ofter death.

VR A15 (4) 15M II/59

ITENDING PHYSICIAM: The low requires that the denth mertificate be exemuted within 21 hours

death. Page 4



CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whate depeased lived, If ins) belong Residence before edmiss on a. COUNTY 1 to 1 c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside, corporate limits, write RURAL and give nearest town d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospita, give street address) Suburban Hospital 3. NAME OF DECEASED DEATH (Typa or print) AGE (In years | IF UNDER 1 YEAR MARRIED TI NEVER MARRIED ast birthday) WIDOWED T DIVORCED ! physician 100. USUAL OCCUPATION (Giva kind of work 106 KIND OF BUSINESS OR INDUSTRY 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratirad)
Retired U.S.A. Wash. D. C. Electrician 14. MOTHER'S MAIDEN NAME attending ph Then please r oval, and in a 13. FATHER'S NAME James C. McQueen Sally Phillips 15. WAS DECEASED EVER N. U.S. ARMED FORCES? | 16, SOCIAL SECURITY NO. 17. INFORMANT Address 5516 Center St. moval, (Yes, no, or unkown) (Hyasgiyawaror datas of servica) 8-10-296 Ars. Mary Barrow (daughter) Ch. Ch. Md. the 18. CAUSE OF DEATH [Enter only one cause per line for (a), b), and (c) INTERVAL BETWEEN of physician signed by t PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO peen (b) gave rise lo immodiate cause DUE TO (e), slating the undarlying PART II OTHER SIGNIFICAN COND. TONS CONTR. BUT NO TO DEATH AND THE TERMINAL DISEASE CONDITION GIVENIN PART I.O. 19. WAS AUTOPSY 0 200 ACCIDED WAS UNDERLYING 1 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Iram 18.) 93 | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Yaar factory, streat, office bldg., etc.] \_\_\_Not While While Hour s.m. at work at work DRECTOR: . al. (i) (we) last 19 D.L., and that death occured at 150M, from the causes and on the date stated above. 22a, SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. M.D. death. Page 4 director, page be filed with the 1238 LOCATION (City, fown or county) 230. BURIAL, CREMATION, | 236. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY (Stata) REMOVAL (Specify) ery Prince Georges Co. 256. REGISTRAR'S SIGNA Ft. Lincoln Cometery 24 FUNERAL DIRECTOR'S SIGNATURE VIII A15 (4) JAN 3 1 '61 S. H. Hines Co. Washington, D. C. arthur & Herry

STREET, BALTIMORE 1, MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed. If institutions Residence before admission) o. COUNTY b. COUNTY MARYLAND MONTGOMFR b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c. CITY OR TOWN ( flouts de corporate limits, write RURAL and give nearest town) RURAL and give nearest town TAKOMA PAR.K d. NAME DF 1705? ITA. († not in hospital, give street address) WASHINGTON, e IS RESIDENCE ON A FARM? 6/01-16 th WASHINGTON YES IN NO IT SANITARIUM Y ₽. 3. NAME OF Middle 4. DATE DECEASED OF DEATH (Type or print) Muale 6. COLOR OR RACE 7 9. AGE (In years last birthday) IF JNDER I YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED Months WIDOWED IT paper 100 USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA Puo pan evchant 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 5 IOR DECAI ROSENBAUM RACHEL remove IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. INFORMANT Address MEHLMAN- 6/01-16 5 St. N.W. FIORENCE offending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). Ensine Cardio Vascular Disease **DUE TO** Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 17 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (Stole) factory, street, office bldg., etc.) Hour a.m. While Not while of work □ Van 22 196 Lithat I last saw the deceased 21. I certify that I attended the deceased fram\_\_\_\_\_ alive on SAN \_, and that death accurred at\_\_\_\_\_M, fram the causes and an the date stated above. FUHERAL DIRECTUR: ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S Kulluian NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) a6o∭ REMOVAL (Specify) BURIAL 0 23 FUNERAL DIRECTOR'S SIGNATURE 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 3501-1415 VE A15 (4) 15M 9/58

Dr. Frank Brosohait Votified ation and approves my certification and approves my certification (egyptafululum ne)

FOR STATE HEALTH 

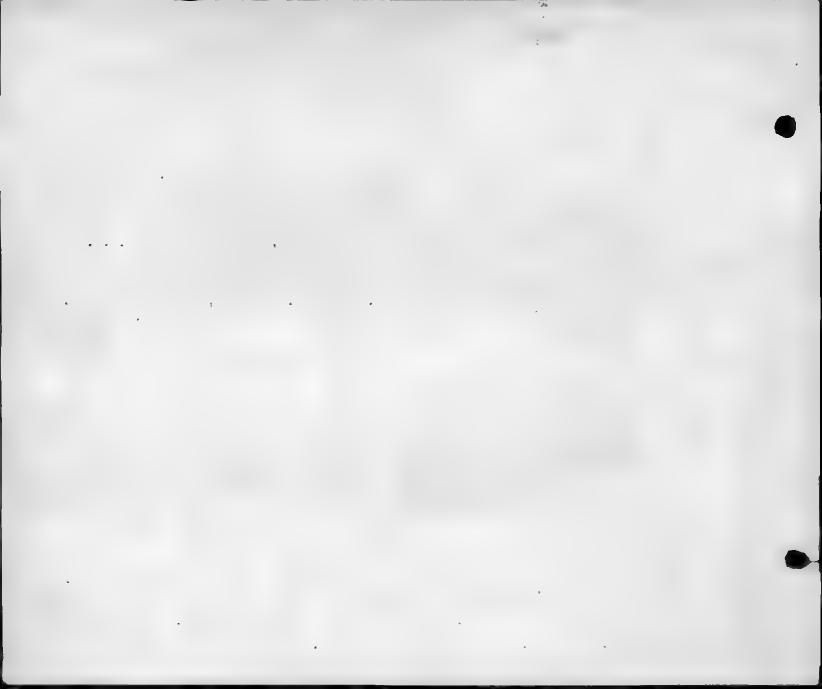
VS. AISME 5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1.0889

1.	PLACE OF DEATH		2. USUAL RESIDE	NCE (Where decresed I	ved, If institutions	Residence be	fore edmission)
	• COUNTY MONTGOMERY	MARYLAND	. STATE MAR	YLAND b	COUNTY M	TIODIYC	PRY
. 79-	b. CITY OR TOWN (if outs de corporele l'mits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16	CITY OR TOWN	l (if outside corporete lim	its, write RURAL er	nd give neare:	st town)
	SILVER SPRING	12 years	SIL	WER SPRING			
	d. NAME OF HOSPITAL OR INSTITUTION (if not le	hospital, give street address)	d STREET ADDRES	Š		0.	IS RESIDENCE
	208 DEARBORN AVENUE		208 DE	ARBORN AVEN	UE	YE.	ON A FARM?
3	NAME OF First DECEASED	M ddle	Last	4. DATE OF	Month	Dey	Ywer
	(Type or print) EMILY	M YMA	ICHAELS	DEATH	JAN.	25	19 61
5.	ESMALE WHITE	THE VER MENTER LED	3. DATE OF BIRTH 91	9. AGE (I	n yeers IF UNDER thdey) Months	Deys Hou	NDER 24 HRS urs Mire.
1De	B USUAL OCCUPATION (Give kind of work 10 one during most of working life, even if reffred)	b. KIND OF BUSINESS OR INDUSTR	RY 11 BIRTHPLACE (SIE	te or foreign country!	12. ci	TIZEN OF WH	IAT COUNTRY?
	HOMEMAKER FATHER'S NAME	OWN HOME	JERUSALEM	PALESTINE	υ	.S.A.	
	HARRY GARGOUR		FREIDA	unknown			
15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOC AL SECURITY NO. 17.	INFORMANT		Address		-
[Y∈	es, qo or unkown) (lifyesgivewerordelesofservice)	NONE Mr.	Edward C.	Michaels, 2	08 Dearb	orn Ave	3 •
-	18. CAUSE OF DEATH   Enler only one cause	per line for (e), (b), end (c).		Silver Spri	ng, Md.	INTERVA	L BETWEEN
	PART I. DEATH WAS CAUSED BY:	CORONARY OCC		_	-		AND DEATH dead
	IMMEDIATE CAUSE (6)					in be	_
	4 X J. DUE TO					In be	a
	Conditions, if eny, which (b)						_
	(e), stelling the underlying DUE TO						
	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO		AINIAI DIELAEL COND TI	ON COURS IN DAD	T 41 40 11	AC ANTENDAM
Ω E	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BOT NO	OL KERNED TO THE TEXAS	MINAC DISEASE COND II	ON GIVEN IN FAR		ERFORMED?
JCA.	DE FYTEN N CAUCE NAIS	CORRE COLUMNIA O COLUMN	r. ~	41 <sup>7</sup> 5 10 2 10		YEŞ [	NO 🔀
CERTIFICATION	206 EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH.	ESCRIBE HOW INJURY OCCURED. [	chier helure or injury in r	en i or ren il or ilem is	,		
MEDICAL			CE OF INJURY (Home, fe		) {Cai	unty)	(Stute)
MED		While Not While work et work	,				
	21. I certify that I took charge of the	remains described above, he	eld an Autopsy	Inspection X.	Inquiry X	and in m	ту оріліол
	death resulted from: Natural causes	X. Accident . Suic	ide 🔲. Homicide	undetermi	ned manner		
	0. 0		CHIEF MEDICA	L EXAMINER			
	SIGNATURE TOURS	enchad	M. D. ASSISTANT ME	EDICAL EXAMINER		DATE	SIGNED
	EVENTUED/S		DEPUTY MEDIC	AL EXAMINERYX		1/25/6	61
		SCHART		, city, town, or county)	_		
220	REMOYAL (Speedly)	22c. NAME OF CEMETERY OF		22d. LOCATION (Cit	y, town, or country	/ <sup>1</sup>	(State)
	BURTAL   1/26/61	FT. LINCOLN C		PRINCE GE			YLAND
23	TYPEN R E. PUMPHREY IN	ADDRESS SILVER SPRI	ENTO NO.	EC'D BY REGISTRAR 24	b. REGISTRAR'S S		
	Lainbud le sieka		DATE	IN I G TIAL	CACHOT D.	1 CV MARCA	



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MARYLAND	STATE	DEPARTMEN	IT C	OF H	<b>!EAL</b>	TH.
N OF CTATISTICAL	DECEADOR	AND BECORDS	0.41	TIME	ADC 1	84 8 6

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAN

CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY o STATE **b.** COUNTY MARYLAND C CITY OR TOWN (If putside corporate limits, write RURAL and give negrest town) b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b RURAL and give negrest town) IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? OR INSTITUTION YES 📄 NO 🕟 nu Din DAM NAME OF 4. DATE Middle Month Day DECEASED DEATH (Type or print) 0 IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH AGE (In years S. SEX 6 COLOR OR RACE 7 MARRIED TO NEVER MARRIED TO lost birthdoy) Months Doys Hours Min WIDOWED [ DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even, if retired) machine. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 17. INFORMANT Address WAS DECEASED EVER IN-U S. ARMED FORCES? 16 SOCIAL SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ] ONSEL AND DEATH PART I, DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? CAT NO IT 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year 20d INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. While Not while 19 at work of work D. m 19.6/, that (i) (we) last 2). I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an and that death accurred of M, from the causes and an the date stated above 22a, SIGNATURE 22b DATE ATTENDING SIGNED MED. DIRECTOR M.D. PHYS 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) 230 BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) (Stote) REMOVAL (Specify) Arlington National Burla

256 REGISTRAR'S SIGNATURE

Circlina & Frank

250, REC'D BY REGISTRAR

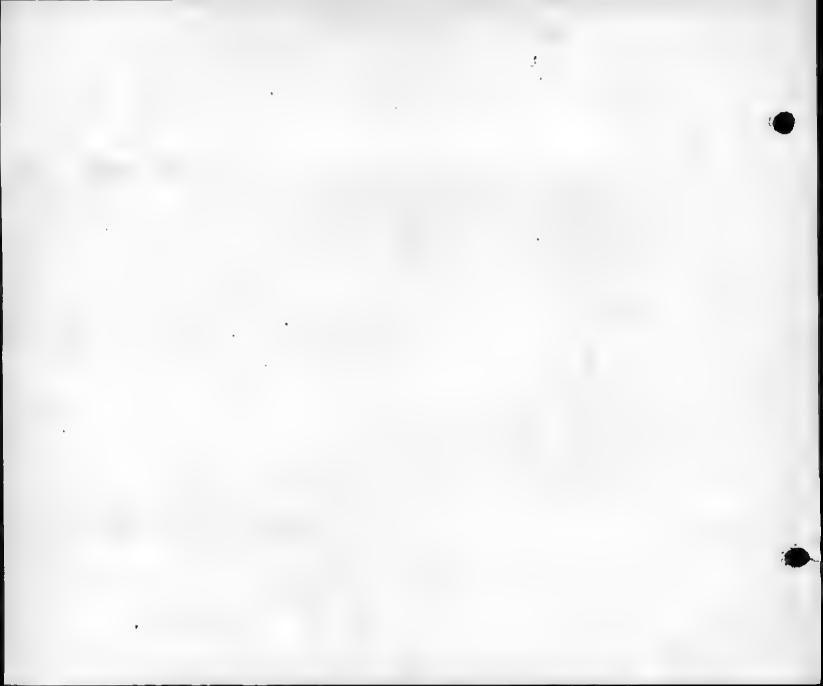
DATE JAN 26

**ADDRESS** 

Pa.On, S.E.DCZ

TO HOSPITAL CONTINUOUS PHYSICIAN: The law now be retained by the haspital ar affecting physicial of FUNERAL DIRECTOR: Affect this certificate has been some page 3 should be detached for use as the buriol-trans the State Board of Health prior to burial, cremotion, and

24 FUNERAL DIRECTOR'S SIGNATURE



VR A15 (4) ISM 9/59

death. Page 4

MAI	RYLAND	STATE	DEPA	RTMEN	T OF	HEA	LTH
N OF	CTATICTICAL	PESSARCH	AND P	COPPS	DAITIM	OPE 1	BAAD

898 CERTIFICATE OF DEATH

898	CERTIFICA	TE OF DEATH		0.0893
1. PLACE OF DEATH .  o. COUNTY MANUAL AND	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If institution b. COUNTY	on, Residence before odmission)
b CITY OR TOWN (If pulside corporate limits, write	c. LENGTH OF STAY IN 16	CITY OF TOWN IS O	ocycol utside corporate timits-myr'te RI	1981 and a shaperest today
KUKAP and give nedresi towari	Grass	a. citt ok towns, a. o.	china Park	DARE ONG GIVE HEGIEST 10 July
d. NAME OF HOSPITAL (If not in hospital give street		d STREET ADDRESS	wermin Just	e IS RESIDENCE
# 8 Chescent Place	-	1#8 Cresc	int flace	ON A FARM? YES NO
3. NAME OF PIRST PROPERTY OF THE PROPERTY OF T	Middle	Lost	4. DATE Mon	th Day Year
(Type or print) HARRY	77.	MILLARD	DEATH J COM	L. 17, 1961
S SEX 6. COLOR OF RACE 7 MAR	RIED NEVER MARRIED	8 DATE OF BIRTH	9. AGE (In years lost, birthday)	Months Days Hours Min
Male White widow	VED DIVORCED -	July 8, 18	97 63 yrs.	Months Days Hours Min
10a. USUA. OCCUPATION (Give kind of work done 10b during mest of working life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11 SIRTHPLACE (Store	or foreign country)	12 CITIZEN OF WHAT COUNTRY
allerny	Laur Presente	I.OMA	BHIA.	WSM
13. FATHER'S NAME	h	14. MOTHER'S MAIDEN N	AME	
Henry H. Milla	rd	Margar	et miller	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17, I	NEORMANT	Addr	
40 W.W.I		Louis H. Mu	lard, Jul	sa akla
18 CAUSE OF DEATH Enter only one couse per I	ine for (g), (b), and (c).]	. //		INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED BY:	uto Coron	cons This	nebases	SALL SOM
IMMEDIATE CAUSE (6) /Y	0010			
	Rolate, NR	a 1 Densa,	18	2. 4Pall
gove rise to immediate	To and they find	- July		
couse (a), stoting the under:    DUE TO     lying couse lost.				
(1)	CONTRIBUTING TO DEATH BUT	NOT DELATED TO THE TERMI	NAL DISEASE CONDITION G.V	EN NIPART ION 19 WAS ALTOPSY
PART II OTHER SIGNIFICANT CONDITIONS	CONTINUED INTO TO BEATT OF	THO RECAILS TO THE TERMIN	TALE STATE CONTENTS IN	PERFORMED?
	SCRIBE HOW INJURY OCCURRE	D /E	lent Los Bort It of Hom 18 )	YES NO E
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	C (Enter noture of injury in r	on lot roll il of hem to ;	
	100 N	ACE OF INCHIBY MAN - C	lone ich	
A Hour o. m. While	L.	ACE OF INJURY (Home, form clory, street, office bldg., etc.	)	(County) (State
p. m 19 of we	rk ot work	//		
21 I certify that (I) (this haspire) atten			10/750-	, 19 <u>6 (</u> , that (I) ( <del>we</del> ) las
saw the deceased alive an 5 JC+ M	19 <u>6</u> / , and that a	death accurred at 22	M, fram the causes an	d an the date stated above
220 SIGNATURE	20	ATTENIDING # 217	ED STAFF	226 DATE SIGNET
190000	cela		ED. STAFF	17Jan 1961
22c PHYSICIAN'S NAME (Type) 95 13 QU	EEN M.	) TAKOMAH	2 Willow A	Md.
239 BURIAL CREMAJION, 236 DATE THEREOF	23c NAME OF CEMETERY C	OR CREMATORY	23d LOCATION (C by lown,	or county) (Stote)
JIN 20, 9%	1 Rouis CRET	K CEM.	WASHING-TO	1 DC
TO PUNERAL DIRECTOR'S SUSTIMATIONE	ADDRESS	1) C 250 REC'S		STRAR'S SIGNATURE
Hopely Julian 2	Sel Baltall St	Will DATE J	AN 20'61 5	robus & House

1/17/61 Dr. Queen contacted Dr. Frank J. Broschart, Dep. Med. Examiner, and Dr. Broschart approved of Dr. Queen signing this certificate.

may be retained by the TO FUNERAL DIRECTOR. VR A15 (4) 1SM 9759

FT. LINCOLN CREMATORY SILVER SPRING, MD. 25g, REC'D BY REGISTRAR JAN 25 '61 DATE

INTERVAL BETWEEN ONSET AND DEATH coll month PERFORMED? YES IN NO (County) (Stole) 1958, to Tannary 14, 196/, that (1) (we) last 22b, DATE 23d LOCATION (City, town or county) (Stole PRINCE GEO. COUNTY, MD. 256 REGISTRAR'S SIGNATURE arthur S. Kines

e. IS RESIDENCE ON A FARM? YES NO Z

Year

19 5



9

VS A15 [4]

1SM 9/SB

*	MARYLAND S	STATE	DEPAR	TMENT	OF HEALTH	I—BALTIMORE,	18
	tom	O W	4 3	9 1	6 61 6±		
	T. Pem	- フ - 上 .	4 4 5 4 4 5	7 5-7	보고 되고 그 되고 그	_	
	200	- (	FERTIF	ICATE	OF DEATH		

Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE **b.** COUNTY MARYLAND Montgomery Md. Montgor v b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) RURAL and give nearest town) Rt. 2 Stewart Lane, Silver Spring ten years White Oak. d NAME OF HOSPITAL (If not in hospitol, give street oddress) d. STREET ADDRESS ON A FARALE OR INSTITUTION Rt. 2 Stewart Lane, White Oak none YES NO NAME OF Middle Month Day DECEASED January Harry Stacev MoodyJr. DEATH (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 5. SEX 9 AGE (In years Aug. 18,1912 ast birthdoyl Months male colored Days Hours WIDOWED TO V DIVORCED TO 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) King Wm. Co., Va. Sanitary Com. USA Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frances Williams Harry Stacey Moody. IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Cyril B. Moody 2913 7th St. N.E. DO no INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Cerebral Hemmorrage or Tumor 3 hrs. **DUE TO** Unequal Pupils. Weak Left side. Projectile emesis Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the under-Renal Insufficiency; Reaction to MS 1/4. lying couse lost. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/01/19. WAS AUTOPSY PERFORMED? Cardiac Asthma: Renal insufficiency YES NO T Obesity: 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) S Doy, Year 20d JINJURY O.S.CURRED 20e. PLACE QE-IRSURY (Home form. | 20f. (City or town) (County) (Stote) factory, street, office bldg., KED of work Tot work 21. I certify that I attended the deceased from July 16 1958, to January 28 61 that I last saw the deceased glive on January 27 and that death accurred at \$45 A.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) **ACTUAL** SIGNATURE PHYSICIAN'S Norbeck, Rt.1 Silver Webster Sewell Spring NAME (Type) 220 BUR AL, CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) Suitland Suitland, V.d. Lincoln Memorial Burial 24b REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR

DAFFEB

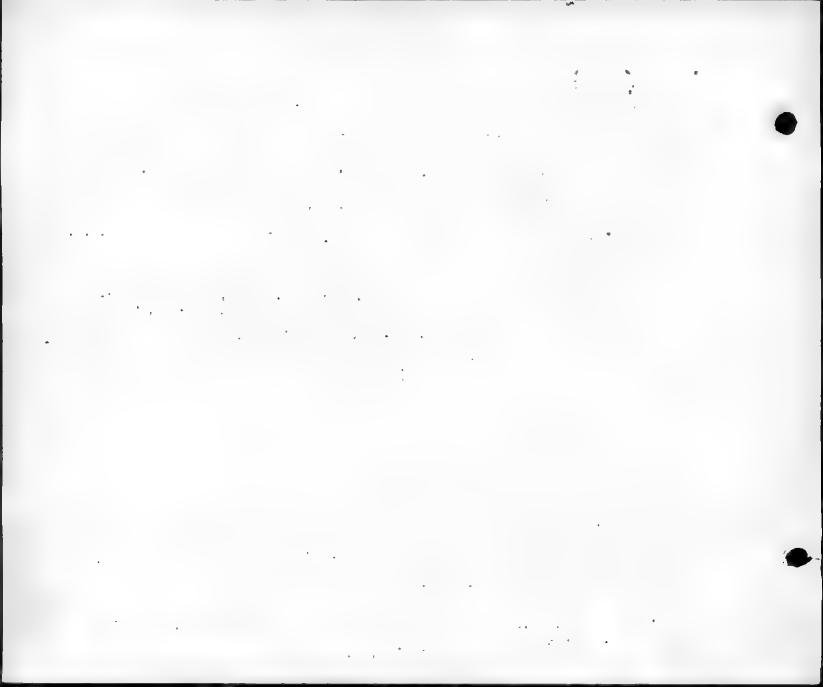
C. Jing S. Kraud



VS A15 (4) 15M 9/5B

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 901 **CERTIFICATE OF DEATH**

		901		CERTIFI	CATE OF I	DEATH	l		Reg. Dist. N	6.6894	
1	PLACE OF DEATH  C. COUNTY MONIGOMERY MARYLA				II A STATE	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE MARYLAND b COUNTY MONTGOMERY					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TAKOMA PARK				1b c CITY OR	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  TAKOMA PARK					
	d. NAME OF HOSPITAL (IF IN OR INSTITUTION 90			d. STREET ADDRESS  900 DOMER AVENUE  6. IS RESIDENCE ON A FARM? YES \( \) NO (2)							
3	NAME OF DECEASED (Type or print)	CA'TH	st ERINE	Middle L.	MOON		4. DATE OF DEATH	Month JA		Day Year 4 19 61	
5.		NHITE	7. MARR	ED NEVER MARRIED [	_		los		Months Days	AR IF UNDER 24 HRS Hours Min.	
10c	usual occupation (Giver during most of working life HOMEMAKER re	even if retired	done 10b.	KIND OF BUSINESS OR IN		EL, GE	-	)		OF WHAT COUNTRY	
13.	13. FATHER'S NAME  CONRAD SCHULTZ  14. MOTHER'S MAIDEN NAME  MARTHA WACHTMAN										
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Mrs. Donald F. Poole, 900 Domer Ave NO. 18. CAUSE OF DEATH [Enter only one course par ling for (c) (b), and (c).]										1	
	18. CAUSE OF DEATH [E. PART I. DEATH WA IMME!	S CAUSED BY: DIATE CAUSE (d DUE TO	Cir	to 10) (b), and (c).]	Lorosis	ouct	Disea		0	NTERVAL BETWEEN NSET AND DEATH	
MEDICAL CERTIFICATION	gove rise to immedi couse (o), stating the <u>unc</u> lying couse last,	ote (	6	n. No bolo	utes —					Ens	
	PART II OTHER SIG	NIFICANT CON	<b>1</b> ~	CONTRIBUTING TO DEATH	BUT NOT RELATED TO	O THE TERMIN	NAL DISEASE COM	NDITION GIVE	N IN PART 1(o)	19 WAS ALTOPSY PERFORMED? YES NO	
	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o. m., p. m 19 of work of work of work 19 of wor										
	21. I certify that last saw the deceased from 3 1 1 19 to 19 that I last saw the deceased alive an 1 14 19 and that death accurred at 2 M, from the causes and an the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED										
	SIGNATURE FORMES G. 6' KIE PL M.D. 450! - Com Thus Pur le ork of										
770	Name (17)	DATE THEREO			OR CREWATORY		22d LOCATION	City town or	rough)	(Chita)	
	REMOVAL (Specify) BURIAL J	AN. 17,	1961	100000N PAR		Y	RALTIMOR	RE MAR	YLAND	(State)	
23.	FUNDAMENTERS SPH			ADDRESS SILVER SPRIM	NG.MD.	1	by registrar 1 7 '61	1	rar's signat		



## AARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANDS MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, If institution, Residence before edmission) director. Page or your files a. COUNTY e. STATE **b.** COUNTY Montgonery MARYLAND Maryland Howard b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside comporate I mils, write RURAL and give nearest town) write RURAL and give nearest town) )lnev Highland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? retained he State B YES NO X leneral Hospital Forest 3. NAME OF M ddle Month DECEASED Jan 1,1961 (Type or print) DEATH Retitamae Moore 6. COLOR OR RACE, 7. MARRIED NEVER MARRIED ¥.;<del>1</del> 5. SEX B. DATE OF BIRTH 9. AGE (In yours | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days ' Hours white female WIDOWED [ DIVORCED 10a. USUAL OCCUPATION IG ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) housewife own home SA pages 1 within 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME SCHOENEMAN Geo. J. Bohodocmenc Lorena Rouse should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordalesofservice) permit. 579-20-2187 Hosp. Mecord 16. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c).] INTERVAL BETWEEN along transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART 1-011 19, WAS AUTOPSY CERTIFICATION PERFORMED? ease execute the certificate, writing the word should be forwarded to the Chief Medical E. PUNEARL DIRECTOR: Page 3 should be forwarded to the Chief Medical L DIRECTOR: Page 3 should b YES IN NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Pert II of Item 18.) PRIMARY XI or CONTRIBUTING CAUSE OF DEATH. burial, Undetermined if driver or passenger in car which struck tree 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, ferm. , 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Sleta) Not While factory, street, office bldg., etc.) 0 While et work at work K highway Norwood Lontg. Md. prior 21. I certify that I took charge of the remains described above, held an Autopsy 💢 Inspection 🗍 Inquiry and in my opinion Accident X. death resulted from: Natural causes Suicide Homicide 1 Undetermined manner [ CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S NAME (Typa) Frank J. Broschart Address (Street, city, town, or county) 220. BURIAL, CREMATION, 225 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Specify) 40 g BURIAL ARLINGTON NAT'L. CEMETERY ARLINGTON, VIRGINIA 240. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE SPRING. MD. VS. A15ME 5M 7/59 DATE JAN 6 Cirthur S. France



STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If e. COUNTY land Mont gome ny MARYLAND death. b. CITY OR TOWN ( F ourside corporete timils, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If duts de corporete limits, write RURAL end give nearest town) write RURA, and give neerest town) Š Takoma Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? Danitarium Hos YES 🔲 NO 🏞 3. NAME OF DECEASED Month EDNA (Type or print) BROWNING DEATH 19 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdey) | Months | WIDOWED N DIVORCED 100. USUAL OCCUPATION G ve kind of work 106. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or fore, an country) done during most of working rife, even if retired) physic own home launa ttouse wit 13. FATHER'S NAME MOTHER'S MAIDEN NAME death Stevenson attendii unknown IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMAN Address (Yes, no, or unkown) (Ifyesgivewerordatesofservice) Sen. In- law Samo ysician. ed by the a permit. I 18. CAUSE OF DEATH (Enter only one cause per line for ,a), (b), and (c) ] INTERVAL BETWEEN g physician signed by I ONSET AND DEATH Vascular accediant PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO gave rise to immediate cause DUE TO (e), stating the underlying and anterpolarion PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING [ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF NJURY (Mome, ferm, 1 20f., (City or fown) Month, Day, Yeer (County) (State) factory, street, office bldg., etc.) Hour e.m. While Not While et work st work 21. I certify that () (this hospital) attended the deceased from ... ....., 19....., that (I) (we) last 19.6.0., and that death occured at M.A.M., from the causes and on the date stated above. saw the deceased alive on..... 22a. SIENATURE 22b. DATE ATTENDING SIGNED DRECTOR Energe (6 PHYS. M.D. death. Page 4 director, page 3 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BERNARD 236. BURIAL, CREMATION, 236. DATE 'EREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, fown or county) FT. LINCOLN CREMATORY CREMATION 1/3/61 PRINCE GEO. COUNTY, MD 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE YR A15 (4) SILVER SPRING, MD. 15M 9/60 DATE JAN 6 arthur & Hearth

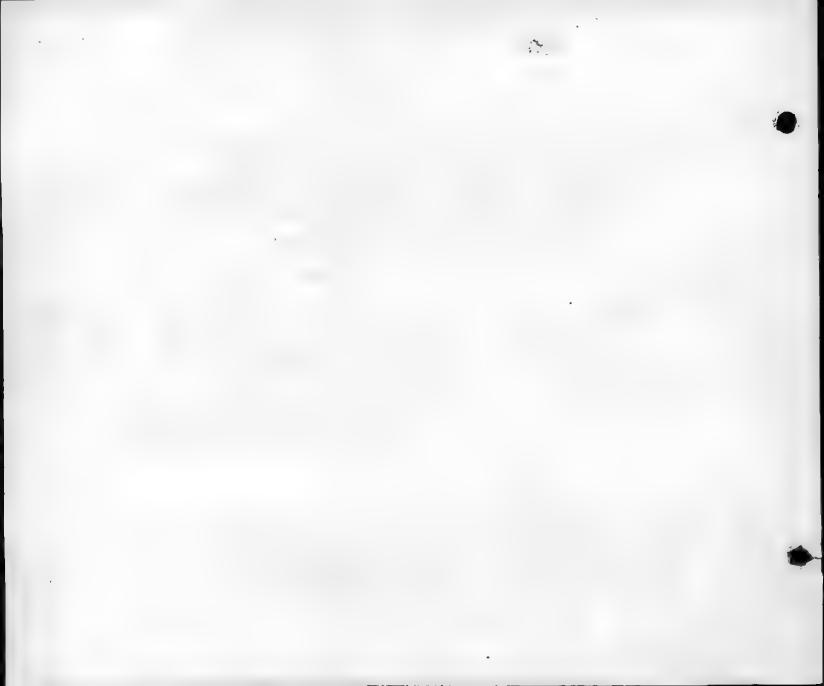


VR A1S (4) 15M 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 904

60897

	1. PLACE OF DEATH D. COUNTY	2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission)
	Montannery MARYLAND	Maryland b. COUNTY Montgomeru
	b City OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c C TY OR TOWN (If outside corporate limits, write RURAL and give agarest town)
jï.	RURAL and give nearest town) Takoma Park  53days	19 Takama Pack
	d NAME OF HOSPITAL (If not in hospitol, give street oddress)	■ STREET ADDRESS   e IS RESIDENCE
	OR INSTITUTION	8102 Greenwood Auc, VES NO
	3. NAME OF FIRST ON A MINISTER	
	3 NAME OF DECEASED (Type or print) Jessie GLESSMer	MOORE DEATH Sanuary 24 1961
	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE ( n years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours Min.
	Female White WIDOWED DIVORCED	November 1, 1875 8.6 yrs Months Doys Hours Min.
	10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	STRY 11 SIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
	during most of working life, even if rehred)	Maryland U.S.A.
	HOUSE WITE	14 MOTHER'S MAIDEN NAME
1	tabilis or	N. J. D.I.
	William Glessner  15 WAS DECEASED EVER IN U. S. ARMED FORCES? 14. SOCIAL SECURITY NO. 17 III	MORMANT Jane Jaddysman Address
	15 WAS DECEASED EYER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO.   17 III   19ts, no. or unknown)	Address Address
	NO -	Hospital Kecords
	18. CAUSE OF DEATH [Enter only one couse per line-(or (o), (b), and (c) ]	INTERVAL BETWEEN ORSET AND DEATH
	PART I DEATH WAS CAUSED BY. ( AYCINOM	atosis of Lung Bones of Firm Death
	170 X DUE TO	2 D D V
	Conditions, if any, which ) 45 TO INOMA	of KDreast Brys 18
	gove rise to immediate	
	couse (o), storing the under-	
	101	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
	E STATE OF THE STA	PERFORMED?
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	YES NO
7	OR CONTRIBUTING I CAUSE OF DEATH  OF FITHER, NOTIFY MEDICAL EXAMINER)  OR CONTRIBUTING I CAUSE OF DEATH  OF FITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18 )
		ACE OF INJURY [Home, form, 20f. (City or town] (County) (Stote)
	Hour o. m  Wh'le Not while to work of work	ctory, street, office bldg , etc )
		12/11 20 0 1/24 20/10 2011
	21 I certify that (I) (this haspital) attended the deceased from.	(9
		deoth occurred at 10 pM, from the causes and on the date stated above.
1	200 S GAMENTE, W. Holokon	M.D ATTENDING MED STAFF S GNED PHYS D
W	22c PHYS CAN'S CAN'S CAN'S HOW	500 Underwood St. new Work is-C.
	23g BLRIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY C	OLN EM PRINCE (SEO G (Stole)
	24 PUNEVAL DIRECTOR'S SISTRATORE ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
	Jerry I City 254 Garrall 1	THE DATE JAN 26 '61 7 1 A & thrus

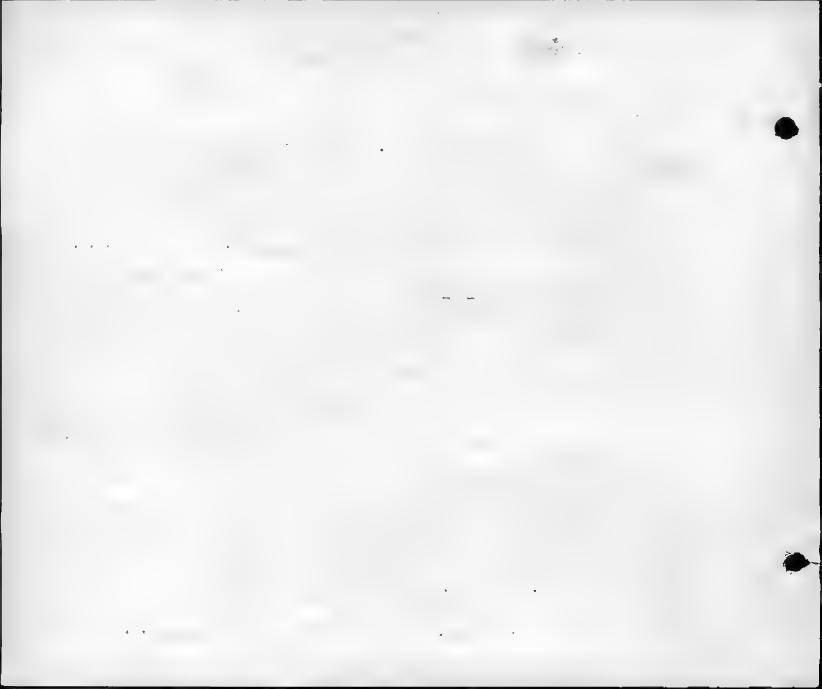


VS A15 (4) 1SM 10/57

ARYLAND STATE DEPARTMENT	OF HEALTH-BALTIMORE, 1	8
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		905		CERT	IFIC.	ATE OF D	EATH	1			Reg. Dist	No (108	98
1	PLACE OF DEATH 6. COUNTY Montgomer	v		MAR	YLAND	2. USUAL RESIDE	_	ere decease	6.4	f institution		e before admissi	
	b. CITY OR TOWN (IF	autside carporate limi	Is, write	c. LENGTH OF STA	Y IN Ib			utside corp				ve negrest fown	)
	RURAL and give nei Bethesda	arest town)		27 days		Hvatt			/	68	1 - 3		
	d NAME OF HOSPITA	AL (If not in haspital, g	ive street			d STREET A		-				e IS RESI	
		cal Center	. Be	thesda 1h.	Md.	3713	Kenne	dv Pl	ace				FARM?
3.	NAME OF DECEASED (Type or print)	Fir Her		Middl Vince	-	tos		4. DATE OF DEATH		Mont Janua		/	(eor
5	SEX	6. COLOR OR RACE	7. MARE	HEDE NEVER MARK		B. DATE OF BIRTH		<del> </del>	9. AGE	in years	IF UNDER 1	YEAR IF UNDE	
	Male	White	WIDOWI	DIVORC	ED 🔲	January	8. 1	907	5:	rthday) yrs	Months	Doys Hours	Min
100	USUAL OCCUPATIO	N (G ve kind of working life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPL	ACE (State	or foreign e	ountry)		12 CITI	EN OF WHAT	COUNTRY
13.	Shop Fore	-		uto Repair	•	Was	hingt MAIDEN N		.C.			U.S.A.	
	Henry Mor	ກາຳເ				(Hnkn	ourn )	Twl or	190	roh M	andan	( Idea	
	WAS DECEASED EVER	IN U.S. ARMED FOR		SOCIAL SECURITY N	Q 17 I		e Med					your )	
1114	NO or waknown) (I	None None		78-05-2118	<b>3</b>   ጥከ	e Clinic						Maryland	d
F		TH [Enter only one co						*****	2001	I CH COA	4-14-3	LINTERVAL BET	TWEEN
	PART 1. DEAT	H WAS CAUSED BY, IMMEDIATE CAUSE (o	, Co	ngestive H	leart	Failure						ONSET AND	DEATH
	110	DUE TO											
	Conditions, if any, which Chronic Respiratory Insufficiency						2 wee	ks					
	gove rise to immediate DIFTO							,	-				
1	lying couse fost (c) Garcinomatous (Bronchogenic) Myelopathy							4 yea:	rs				
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DI	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDIT	TION GIVE	N IN PART	PERFO	NUTOPSY RMED?
3	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	OCCURRE	D. (Enter nature of	injury In F	ort I or Po	rt II of iter	n 10.)			
MEDICAL	20c. TIME OF INJURY Hour o, m, p, m	Month, Day, Yes	20d. If While of work	NURY OCCURRED  Not while at work	20e. PL fo	ACE OF INJURY () clory, street, office	lome, form, bldg., etc.	20f. [Cit	y or town)		(Co	ounty)	(Slote)
	21. I certify the	at Lattended the	deceas	ed from Decem	ıber	6 19 60	to Ja	nuary	2	19 61	that I la	ast saw the	deceased
	olive on Janu	ary 2		61 , and the	t death	accurred at	6:1QA	_M, froi	m the co	ouses or	nd on the	e date state	d abave
		1 1	10 1	1	)			ADDRESS (S					TE SIGNED
	SIGNATURE	or ves	11	long	de	M.D. The C						1/2/6	1
	PHYSICIAN'S	The sale of the	Massa	4 - M D		Natio	nal I	nstit	utes	of He	ealth		* All 100 All whi the All
	NAME (Type)	Forbes H.	MOLL	IS, M.D.		Bethe	sda 1	L. Ma	rylar	ad			
220	BURIAL, CREMATION	1, 226. DATE THEREC	F	22c NAME OF CEA	AETERY O	R CREMATORY		22d LOCA	TION (City	y, town, or	county)	(State	i i
	Burial Specify)	January	4.19	61 Ft. Idn	caln	Carrent and	7-	Was	hinet	ion .	D.C.		
23	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	/	- 1		BY REGIS			RAR'S SIGI	NATURE	
6	U W. C	Ramber	26	0. KILL	ender	C. With	DATE JA	N 5 1	61	Clin	Con 8	Grand	

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death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

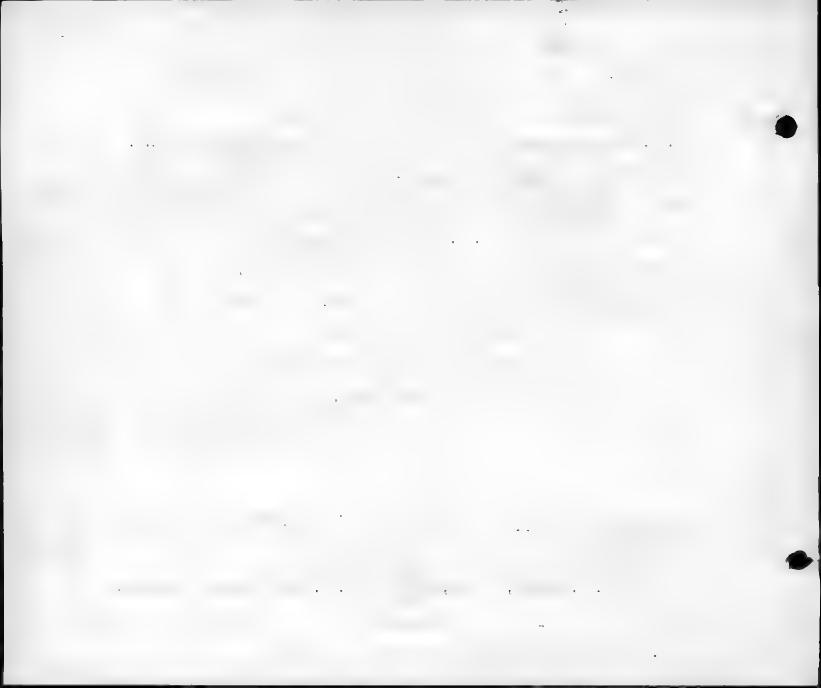
is been signed by the attending physician and completely filled in by the funeral director, pl-transit permit. Then please remove carbon papers. Pages I and 2 shauld be filled with tian, or removal, and in any event, within 72 hours ofter death.

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	may be retained by the hospital ar attending physician.	TO FUNERAL DIRECTOR: After this cert ficate has been sig	0	the State Board of Health prior to burial, cremation, or re	
ı		v		_	
		-			

TO HOSPITAL C

VR ATS (4) 15M 9/59

1	PLACE OF DEATH  COUNTY  Montgomes	*u		MARY	.AND	2 USUAL RESI DISTRI	· ·	Colum	tived If institu		lence befo	ore admis	sion)
		(If outside corporate limit	ts, write	c LENGTH OF STAY	N 16			ulside corpo	rote limits, write	RURAL on	d give ne	arest taw	n)
	Bethesda	4-		35 days		Washington 3 1							
		ITAL (If not in hospital g	ive street			d. STREET A	DDRESS						SIDENCE FARM?
		al Hospital				4000 M	assac)	nusett	s Ave.,	N.W.		YES [	
3.	NAME OF DECEASED	Fir	si	Middle		Los	it	4. DATE	M	onth	D	ау	Year
	(Type or print)	Joh	113	Brode	r	MOS	S	DEATH	Ja.	nuary	3	1	1961
5	SEX	6 COLOR OR RACE	7 MARR	IED K NEVER MARRIE		B. DATE OF BIRT	Н		9. AGE (In year loss birthday	) IF UND		Hours	ER 24 HRS
M	<b>lale</b>	Caucasian	WIDOWE	DIVORCED		1-25-	01		60 y		Days	Hours	MIB.
10c	during most of wo	ION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS OF	NDUS	TRY 11 BIRTHPI	LACE (Stote	or foreign co	ountry)	12 0	ITIZENO	F WHAT C	COUNTRY?
	Officer		' '	J. S. Navy		Ne:	w_York	2			USA		
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
		irew MOSS				Carol	yn KOI	BBELEO	R				
15. (Ye	WAS DECEASED EN	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17 IN	FORMANT			A	ddress			
Ľ	es	1923 to 195		56-30-7225	(h	) Mrs.	Doroth	ay Mos	s, same	_as_#	2 ab	ove	
	18 CAUSE OF D	EATH [Enter only one co	use per lir	ne for (o), (b), and (c).]							INI	ERVAL BE	TWEEN
	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE (a	Car	diovascula	r Co	llapse					Oil	JET AND	DEATH
	173	DUE TO											
	Conditions, if	Conditions, if any, which   Increased intracranial pressure											
	gove rise to immediate Couse (a), stating the under-												
	lying couse lost. (c) Malignant brain tumor.												
N	PART II. O	THER SIGNIFICANT CON	DITIONS C	ONTR BUTING TO DEA	TH_BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION (	SIVEN IN P	ART 1(o)	19. WAS	AUTOPSY ORMED?
Z.												YES X	
CERTIFICATION	20g ACCIDENT V	VAS UNDERLYING I	206 DES	RIBE HOW INJURY OF	CURRE	). (Enter nature o	of injury in I	Part I or Par	t II of item 1B)				
	(IF EITHER, NOTIF	Y MEDICAL EXAMINER)											
MEDICAL	20c TIME OF INJE	, ,			20e. PL/	CE OF INJURY I	Home, form	, 20f. (City	or town)		(County	)	(Stote)
WED	p. m	10	While of world	k Ot while		tory, attacl, othe	a proget cit.	1					
	21   certify th	ot (故(this hospital	) attend	led the deceased	from	Dec. 27	19	60 to	Jan. 3	1 19	61 1	hot (20 /	we) last
	saw the dece	ot (文(this hospital ased alive an Jen	31	19 61, and	that d	eath occurre	d of: 40	M. Fram	the couses i	ond on t	he dot	e statec	bobove
	220 SIGNATURE	O 4: 3			***************************************				1110 000002	0110 011 1			
		Thmulle	1		,	ATTENDIN	G ME	RECTOR	STAFF PHYS.			2-1-0	SIGNED
	22c PHYSICIAN'S NAME (Type)	<u> </u>				22d. ADDR							
	THAME (Type)	J. H. MILLE	R, L	P, MC, USN		U. S.	Nava	l Hosp	ital, B	ethes	da,	Md.	
23c	BUR AL, CREMATI		) F	23c. NAME OF CEME	TERY O	RICREMATORY		23d. LOCA1	TION (City, fow)	n, or count	r)	(Sto	te)
B	REMOVAL (Specif	" 2-3-61		Arlington	Nat	cional		Arli	ngton		Virg	inia	
24.	MINERAL DIRECTO	N'S SIGNATURE	ali.	ADDRESS			25g. REC'	D BY REGIST	TRAR 2Sb. RE	GISTRAR'S	SIGNATU	JRE	-
R	A. Pum	hrey Funera	I Hou	Bethesd	a, N	Md.	DATE	0 101			1.4		
							71.0	3 '01	<del>-                                    </del>	· Pari S.	Ti LEUT		-



Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decasted fived, # institution; Residence before edm ssion) files. Health. a. COUNTY and 3 to the funeral director. Page may be retained for your files. **b.** COUNTY Mentgemery Maryland Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) write RURAL and give nearest town]
Bethesda Ö, Rockville Board unknown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, a ve street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? State Suburban Hospktal YES NO Y 6 Sedgewick Lane death. NAME OF DATE Middle Yeer DECEASED OF the t (Type or print) with the Gerald DEATH Movius 19 61 6 COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. 5EX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. may b s 1, 2, and 3 age 5 may 1 and 2 wit 72 hours last birthday) Months Deys Male WIDOWED DIVORCED уп. 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or fore gn country) 12. CITIZEN OF WHAT COUNTRY? This certificate should be executed within 2.1 hours after word "pending" in pencil in Item 18. Give Pages 1, 2, dical Examiner's Office along with form PM3. Page 5 and be used as a burial-transit permit, file pages 1 and done during most of working life, even if ratirad) U.S.A. Writer North Dekota within. File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Movius Anna Murry 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address [Yes, no, or unkown] [ [If yes give wer or dates of service] 5**91-**01**-5**706 Eleanor, wife same as above 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ,9 ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Cereberal Edema and IMMEDIATE CAUSE (+) hours removal, DUE TO Subdural hematoma, left Conditions, if any, which (6) 1 week gave rise to immediate cause ease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as a its designated agent, prior to burial, cremation, or ren DUE TO (a), stating the undarlying cause last. PART II OTHER S.GNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,01 19, WAS AUTOPSY CERTIFICATION PERFORMED? YES K NO 20e. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert 1 or Part II of item 18.) PRIMARY 5 or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Yaar 1 206. INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) factory, street, office bidg., etc ); While Not While at work et work 1961 21 I certify that I took charge of the remains described above, held an Autopsy X Inspection Inguity and in my opinion Accident X Undetermined manner death resulted from: Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER -EXAMINER'S HOSEHZH+ NAME (Type) Addrass (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22a, BURIAL, CREMATION, 22b. DATE THEREOF (State) REMOVAL (Specify) Rock Creek Cemetery Washington, D. C. Ö g 4 0 Parial
23. FUNERAL DIRECTOR 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME arthur S. Kroug The S.H. Hines Co. Washington, D. C. <sup>2</sup>61 5M 7/59 DATEFER 2

MARYLAND STATE DEPARTMENT OF HEALTH



VS A15 (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18										
		202		CERTIFICA	ATE OF DEAT	ГН	Reg. Dist No. () () 9+) 1			
)	1. PLACE OF DEATH o. COUNTY Montgo	mery		MARYLAND	2 USUAL RESIDENCE (	Where deceased fived. If institution b. COUNT	m Residence before admission)  Montgomery			
	b. City OR TOWN ( RURA, and give n  Pooles	If autside carporate limi earest town? VILLE				ITY OR TOWN (If autside corporate limits, write RURAL and give nearest town  Poolesville				
	d. NAME OF HOSPI OR INSTITUTION	TAL (If nat in haspital, ç	give street oddress)		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO			
	3. NAME OF DECEASED (Type or print)	Bemulah		Middle Mun	ger	4. DATE Mo OF DEATH Jan - De				
	s. sex Female	6. COLOR OR RACE White	7. MARRIED 1	DIVORCED	B. DATE OF BIRTH  December 1	9. AGE (In years lost birthday)	Months Days Hours Min			
	10a JSUAL OCCUPATION during most of wor House	ON (Give kind of work king life, even if retired Keeper——	Own home	BUSINESS OR INDU	Virgin		U.S.			
1	13 FATHER'S NAME  Jol	nn B.Munge	r		14. MOTHER'S MAIDEN	NAME Huffman				
/	(Yes. no, or unknown)	R IN U. S. ARMED FOR		1	nformant red Campbel	1 Poolesville	e, Maryland			
	Conditions, if a gave rise la i couse (a), staling lying couse lost.	the under-	Gener	onia, By		clevosis	Syeays			
	TA ACCIOENT					in Part I or Part II of Item (B)	VEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO			
	OR CONTRIBUTION (IF EITHER, NOTIFY  20c TIME OF INJUF  Hour a. m. p. m	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER PLANS OF Month, Doy, Yes	or 20d INJURY O While No	CCURRED 200 PL	ACE OF INJURY (Hame, fo	arm, 20f (City or town)	(County) (State			
		de Many  Gordon M	Smith		MO. Bas		, that I last saw the decease nd an the date stated above , state) DATE SIGNE			
	220. BUR AL, CREMATIC REMOVAL (Specify Buri	1 Jan 12/10	/61 M	onocacy		22d. LOCATION (City, town, Beallsville	e ,Maryland			
	23 FUNERAL DIRECTOR	ee C. Ste	etten .	Barnes	0// -		STRAR'S SIGNATURE			

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VS A15 (4) 15M 9/55

ARYLAND	STATE	DEPARTMEN	T OF	HEALTH-BALTIMORE,	18
		EDTIELCATI	: OE	DEATH	

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	ดูกจ	CERTIFICA	ATE OF DEATH		Reg. Di	11. No. 60962	
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Who			ce before admission)	
N R	MONTGOMERY	MARYLAND	· STATE ARY	LAND	COUNTY ML	DNT.	
) )	b. CITY OR TOWN (If obtains corporate limits we RURAL and give nearest town)		c. CITY OR TOWN (If o	ulside corporate limi	Is, write RURAL and	give necrest town)	
	FAIRLAND	8/5761/14/61	Chev	$t \in h$	45 e 4	X	
Γ.	d. NAME OF HOSPITAL (If not in hospital, give a OR INSTITUTION	treet oddress)	d. STREET ADDRESS	016	1	e. IS RESIDENCE ON A FARM?	
Ш	MIRLAND NURSIA	19 Home	4504 W	alsh I	<i>*</i> ·	YES NO	
3		se R	NIRSS	4. DATE OF DEATH	Month	14, 1961	
5.	SEX 6. COLOR OR RACE 7.	MARRIED   NEVER MARRIED	B. DATE OF BIRTH	9 AGE	(In years IF UNDER perthday) Months	1 YEAR IF UNDER 24 HRS. Days Hours Min	
	FRMAIR WHITE WIE		AUN 2560 1	888 72	yrs.		
10	o. USUAL OCCUPATION (Give kind of work done judying most of working life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 13. BIRTHPLACE (Stole of	or foreign country)	12. CIT	IZEN OF WHAT COUNTRY	
\_	HOUSEWIFE		WASHIN			US	
/指	, FATHER'S NAME		14 MOTHER'S MAIDEN N	AME TO			
	AMES KICHARDS		LUberi	4 De	INER.		
115	WAS DECEASED EVER IN U. S. ARMED FORCES? (es no. or unknown) (If yes, give wor or dotes of service)	116. SOCIAL SECURITY NO 117. I	Mospital Rec	no mã	Address		
	NO		noabitet we	70 I G			
	IR. CAUSE OF DEATH (Enter only one couse   PART I. DEATH WAS CAUSED BY:	per line for (o), (b), and (c)	a. + /a:0			INTERVAL BETWEEN	
	IMMEDIATE CAUSE (o)	myone a	ari face	are_		I mio.	
	DUE TO	1. 2 1/2 . 2. 2	hourt d	iseus	,	ine son	
	gave rise to immediate						
	cause (o), staling the under-	Dealister o	no Olitus	,		5 nears	
Į	/ (9/	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE COND	TION GIVEN IN PAR	T I(a) 19. WAS AUTOPSY	
CATION						YES NO DE	
1 4		DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	Port 1 or Port II of its	em 18.)		
Tago	200 ACCIDENT WAS UNDERLYING 206 OR CONTRIBUTING 206 (IF EITHER, NOTIFY MEDICAL EXAMINER)						
MEDICAL	20c. TIME OF INJURY Month, Day, Year 2	1 4-	ACE OF INJURY (Home, form, clory, street, office bldg., etc.	20f (City or lown	) (6	County) (Slote)	
20.7	Haur 6. m. p. m. 19 a	Vhile Not while twork of ot work	ciory, irreer, onice blog., etc.	1			
	21. I certify/that I attended the de-	ceased from Feb.	1956.10	and. 12	196 that I	last saw the decease	
	alive an Ru 12.	196 and that death	accurred at 725	PM. from the o		he date stated abay	
	(0000	2		ADDRESS (Street, city		DATE SIGNE	
	SIGNATURE C.V. Ryk	aux	M.D. 4400	-49 8	TN.W.	1-14-	
	PHYSICIAN'S C.P. RYL	AND. MD.	Wast	nuglo	u 16 DC	<u>c</u>	
2	20- BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY C	R CREMATORY	224 LOCATION (C.	ty, town, or county)	(State)	
L	REMOVAL (Specify) Burial 1/17/61		metery,		ton, D. C		
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			246 REGISTRAR'S SIG	GNATURE	
L	> + Duchs	Jan 103 H	DATE JA	N 1 8 '61	Lin Ivel 1	1 diamen	
_		V/10	MH				



## TO FUNERAL DIRECTOR: page 3 should be detact retoined

VS A15 (4)

15M 9/58

120	MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18				
- 1	910 CERTIFICA	ATE OF DEATH Reg. Dist. No. (1)				
A A	PLACE OF DEATH B. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission o. STATE b. COUNTY Montagomery				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  ROCKVILLE	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest 10wn)  Rockville				
d 2 show	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 543 W. Montgomery Avenue	d street address  6 is reside ON A FA  7ES  h				
Pue -	3. NAME OF First Middle DECEASED (Type or print) ROBERT HARRY OAKES	Lost 4. DATE Month Doy Yeo OF DEATH January 20,1961 19				
2 Pages	5. SEX    6 COLOR OR RACE   7. MARRIED	B. DATE OF BIRTH  9 AGE (In years   IF UNDER 1 YEAR IF UNDER 2   Months   Days   Hours    4/21/1895   65   Yrs.				
paper eath.	10a. JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COU				
carbon papers.	Mechanical Engineer U.S. Gov't. R. FATHER'S NAME Robert H. Oakes	Mass. US  14. MOTHER'S MAIDEN NAME  Mary Hunter				
hours 2	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. (If year, no, or unknown) (If year, give were or dates of services)	NFORMANT Address				
2. ≤ Z	yes WW 1 None J	uanita H. Oakes - Item # 2				

ON A FARM? YES | NO 1 Day Year 20,1961 19 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY? US dress INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to Immediate **DUE TO** cause (a), stating the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES INO IT 20d ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form 20f (City or town) (County) (Stote) factory, street, affice bldg., etc.) Hour a.m. While Not while of work of work Ass. 70, 196/, that I last saw the deceased I certify that I attended the deceased fram and that death occurred at 24 PM, from the causes and an the date stated above ADDRESS (Street, city or town, ACTUAL SIGNATURE PHYSICIAN'S G. Hall - 615 W. Montg. Ave., Rockville, Md. NAME (Type) 220 BUR A., CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) BILLEMOVAL (Specify) /24/61 Arlington National Arlington, Virginia 23. FUNERAL DIRECTOR'S SIGNATURE Tyson Wheeler Funeral Home ADDRESS 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR DATE JAN 2 5 '61 Chillier S. Hours Montgomery Avenue Rockwille Maryland

a IS RESIDENCE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) **b.** COUNTY c. CITY OR JOYN (If outside corporate limits, write RURAL and give genjest town) IS RESIDENCE ON A FARM? YES TO NO TO Month Doy **Уеог** 19 F UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birshddy) Months Dovs 12 CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSELAND DEATH

PERFORMED?

YES TO NO 17

DATEAN 4

(County)

(State)

31. 1960,that I last saw the deceased \_M, fram the causes and an the date stated above. **DATE SIGNED** 

22d LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

Children & House

VS A15 (4) 15M 9/55

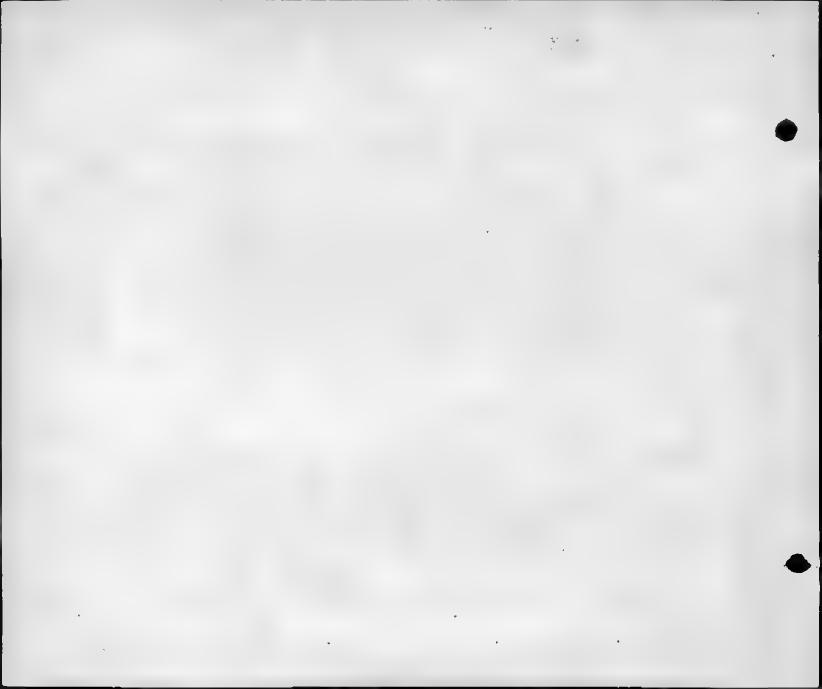


Division of STATISTICAL RESEARCH **BALTIMORE 1. MARYLAND** MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if instrictions Residence before admission) fler death. If any de sincessary, 72, and 3 to the funeral director. Page 5 may be retained for your files. d 2 with the State Board of the lih, hours after death. MY COUNTY b, CITY OR JOWN (if outside corporate limits, write RURAL and give agerest town) MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN , I outside corporata limits, write RURAL and give naerast tewn) Takoma Park Kark King In hospital, give streat eddress a. IS RESIDENCE ON A FARM? 33 YES NO Washing ton DATE OF DEATH DECEASED (Typa or print) 1961 hould be executed within 24 hours after death "in pencil in Item 18. Give Pages 1, 2, and 3 to Office along with form PM3. Page 5 may be burial-transit permit. File pages 1 and 2 with movel and in any event, within 72 hours afterward and in any event, within 72 hours afterward. 5. SEX 6. COLOR ON RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In yours | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours WIDOWED [ DIVORCED [ done during most of working life, even if retired)

COMMISSION

13. FATHER'S NAME 1 12. CITIZEN OF WHAT COUNTRY? WAShington MOTHER'S MA DEN NAME BET 15. WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) (If yas q va wer or detas of service) Office along with buriel-transit permi INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c) ] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Judaley IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (a), stating the undarlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 118, 19. WAS AUTOPSY CERT, FICATION PERFORMED? 8 cremai NO V plnods 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of IIam 18,) Med'c 2Da EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. ease execute the certificate, writing should be forwarded to the Chief PruneRAL, INBECTIER: Page 3 s 20c. TIME OF INJURY Month, Day, Year | 2Dd. INJURY OCCURRED | 2Da. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stata) age of (County) factory, streat, office bldg., etc.) Not While Hour a.m. at work al work 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry X Inspection 🔀 and in my opinion agent, Accident . death resulted from. Natural causes Y Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER designated ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 1-30-61 DEPUTY MEDICAL EXAMINER DEPUTY OSCAZNO NAME (Typa) Address (Streat, city, town, or county) 228, BURIAL, CREMATION, 1 225. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or country) BURTAL (Spac fy) GEO. WASH, CEMETERY PRINCE GEORGE COUNTY. MD. 2,4□ SPEVER SPRING, MD. 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Ciribur & Krous 5M 7/59

PATE DEPARTMENT OF REACTE



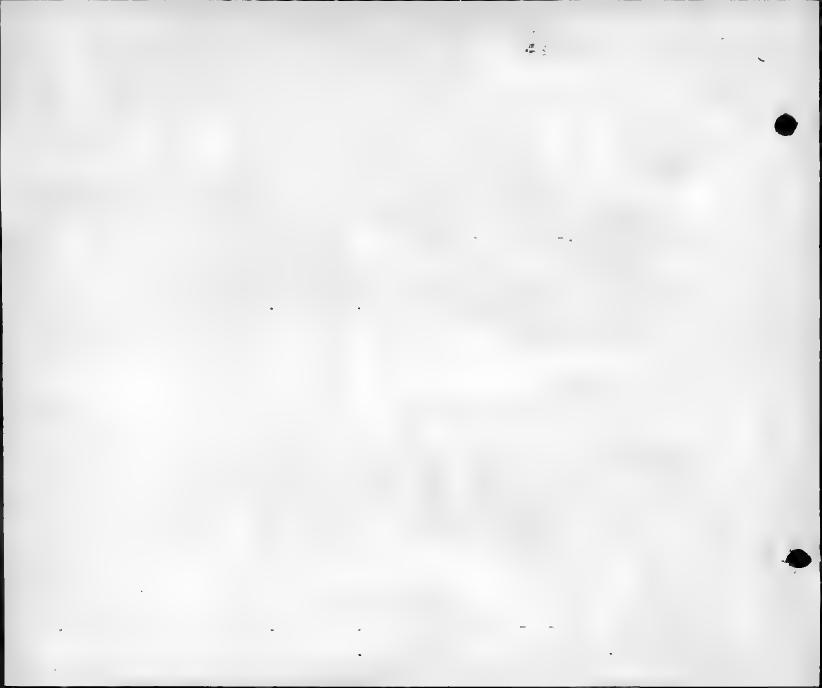
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY o. STATE MARYLAND b. CITY OR TOWN c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) INSTITUTION (If not in hospital, give street address) d. NAME OF HOSPITAL O d. STREET ADDRESS e. IS RESIDENC ON A FARM? 1620 Westside Highway YES TO NO IZ NAME OF Middle DATE Month Day Yeor OF DEATH (Type or print) 194 5. SEX 6. COLOR OR RACE 17. MARRIED TO NEVER MARRIED TO B. DATE OF BIRTH 9. AGE for loors JEUNDER TYFAR JE LINDER 24 HRS. Min. Hours WIDOWED IC DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) ന 12. CITIZEN OF WHAT COUNTRY? BUSINESS Prop. - Reti - Laundry 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David Allen Peairs Esther Drennan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Daughter Address Same as Item #1 No Unknown Mrs.Ronald C.Kinsev 18. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN DASET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate cause **DUE TO** (0), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 50 PERFORMED? used YES 🗍 NO 🔀 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (Cily or fown) (County) (Stote) factory, street, office bldg., etc.) Hour a.m. While Not while at work of work p. m. 21. I certify that I took charge of the remains described above, held an Autapsy [], Inspection []; Inquiry **XI**, and find that to the Chief ! death resulted fram: Natural causes [7], Accident [7], Suicide [7], Hamicide [7], Undetermined cause [7]. ate, we DATE SIGNED ACTUAL SIGNATURE cute the cert farwarded to ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220 EURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 226. LOCATION (City, town, or county) Longview Mem. Park Cem! Cowlitz County, Wash. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Bethesda, Md.

DATE JAN 1 3 '61

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VS. A1SME(5)

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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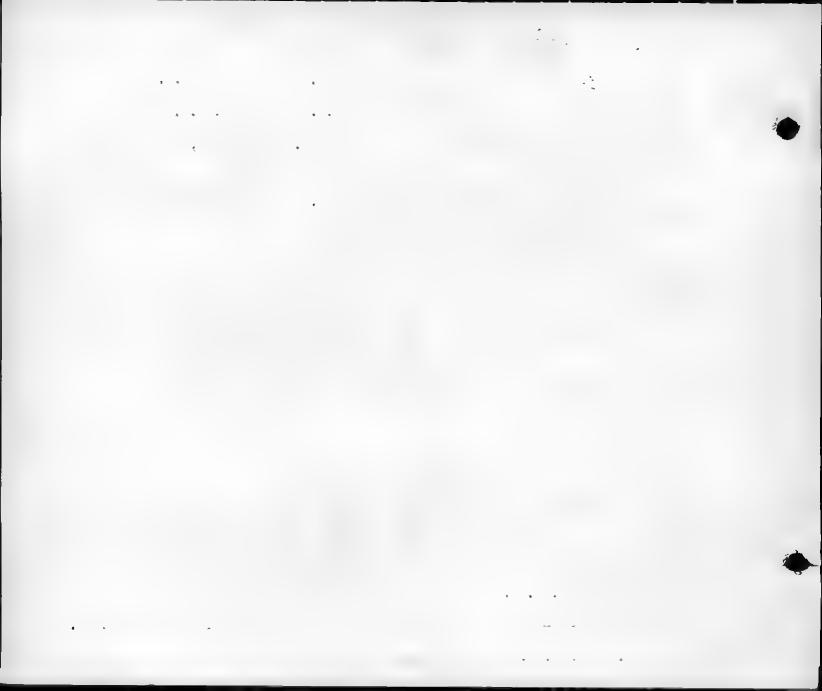
	SI 4 CERTIFICA	IL OI DEAIII	00000						
	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institutions	Residence before admission)						
	MARYLAND MARYLAND	o. STATE 6. COUNTY  Maryland	Montgomerry						
ı	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If outside corporate limits, write RUR	AL and give nearest town}						
	3 tiesda 25 days	97 Chevy Chase							
L	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO [						
-	Cuburban Mospital	1 / 4222 Oak Ridge Lane							
	3. NAME OF DECEASED (Type or print) Leithton H. Peebles	Lost 4. DATE Month OF DEATH JE DULL.Y	v 23. 1961 19						
ŀ	S SEX  6 COLOR OR RACE   7. MARRIED   NEVER MARRIED		UNDER TYEAR IF UNDER 24 HR						
	DIVORCE T	lost birthday)   A	Aanths Days Hours Min						
ŀ	10g USLAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	0/66/0)	12. CITIZEN OF WHAT COUNTRY						
	during mast of working life, even if retired)								
ŀ	Retired U. S. Gow't	Virginia	US						
	13. FATHER'S NAME								
	William Peebles	Annie L. Bradbury							
4	(Yas, no, or unknown)   (If yas, give wor or dates of service)	NFORMANT Address	5						
	No 577-38-4790	Emilie Peebles-daughter	,						
	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	*	NTERVAL BETWEEN						
	PART I. DEATH WAS CAUSED BY: Hemiplegia right severe multipleattacks 25 days								
	3 2 1/ X DUE TO	711/000							
	Cardinary day which Artenings land	icis rememblish	1011004						
	gave rise to immediate	1313, 450,000,000	70 77 37						
	couse (a), stating the under-	IVARATERSIAN SOLVERA	1021054						
		NOT DELATED TO THE TERMINAL DISEASE CONDUCTION OF THE	IN PART 1(a) 19 WAS AUTOPS						
М	PANTIL DIMER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BOTT	1	PERFORMED?						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS ALTOPS PERFORMED?  YES NO SE 200 ACC DENT WAS UNDERLYING OF CONTRIBUTING OF CONTRIBUTION OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTION OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTION OF CONTRIBUTI								
	206. ACC DENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURRE OF DEATH (IF EITHER, NOTHER MEDICAL EXCHANGER)	D (Enter nature of injury in Part 1 or Port II of item 18.)							
1	2	ACE OF INJURY (Mome, form   20f (City ar town)	(County) (Stat						
	While Not white p. m. 19 at work of wark	page and the same							
	21 I certify that (I) (this haspital) attended the deceased fram.	195/ 10 Jan 28	, 1961, that (I) (we) la						
	A total	death accurred a 3-2M, from the couses and							
	220 SIGNATURES	deall decorred do gen, main me cooses and	22b.DATE						
	- Planal Riakk	M.D PHYS DIRECTOR PHYS	1.27. ESIGNE						
	27c PHYS C AN'S	22d. ADDRESS	Cheuy Chas						
٩,	NAME (Type) STEWART CLAD	4740 Chevy Chase Dr	MJ						
•	230 BURIAL CREMATION 235 DATE THEREOF 230 NAME OF CEMETERY C	The Contract of the Contract o	i and the state of						
	REMOVA. (Spec (v)								
	Cremation 2/1/61 Cedar Hill		Maryland						
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  Pohont A Rumphross Bothoeda Mar	and and	RAR'S SIGNATURE						
	Robert A. Pumphrey Bethesda, Mar	YLARIC DATE FER 2 161	1 - 0 4 .						

may be retained by the hospital an ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the bunal-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours ofter death death. Page 4 ITENDING PHYSICIAN: The low requires that the death certificate be elecuted within 24 haurs.

TO HOSPITAL C VR A15 (4) 1SM 9759







MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. COUNTY a. STATE **6. COUNTY** MARYLAND Maryland Mont-romoty

City OR fown (if autside carporale limits, write RURAL and give nearest town) b CITY OR TOWN HE odhide corporate Units, write c. LENGTH OF STAY IN 1b RURAL and give nearest town) τυ Silver Suring Bethesda MAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION IS RESIDENCE d. STREET ADDRESS ON A FARM? 25 YES NO 2003 Weller Pond Subunkon puo ٤. 4. DATE NAME OF First Midd e Manth Year Lost Day DECEASED OF DEATH (Type or print) 196 ij Helen Petherl.riaco JanF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE In years B. DATE OF BIRTH 5 SEX COLOR OR RACE MARRIED -NEVER MARRIED campletely Months Days WIDOWED [ DIVORCED Femal USUAL OCCUPATION (Give kind of work done 106, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Maryland 13. FATHER'S NAME HOUSEWIFE puo 14. MOTHER'S MAIDEN NAME TOT physician E Charlie Burch Josephine Walter remove 17. INFORMANT Address IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 116, SOCIAL SECURITY NO Husband (Edward) No same as above offending INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)-] ONSET AND DEATH ă PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** umone Conditions, if any, which permit. (b) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. **burial-transit** 0 PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY emation, tes 🔲 NO 🗍 200. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ficate 20e. PLACE OF INJURY (Hame, farm, 20f (City or town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED (State) factory, street, affice bldg., etc.) Haur a.m. While Not while at wark at wark 21. I certify that (I) (this haspital nottended the deceased from saw the deceased alive on. and that death occurred at 5.4 M, fram the couses and on the date stated above noy be retained by the IUNITAL DIRECTOR: 22a S GNATURE GNED ATTENDING PHYS MED DIRECTOR STAFF 9 MD Board 22c. PHYSICIAN'S 22d. ADDRES 3 should NAME Type) DATE THEREOF BUR AL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 250 REC'D BY REGISTRAR 256 REG STRAR'S SIGNATURE VR A15 (4) ILLINOIS AL'E NEW BATE 1SM 9759 WASHIC

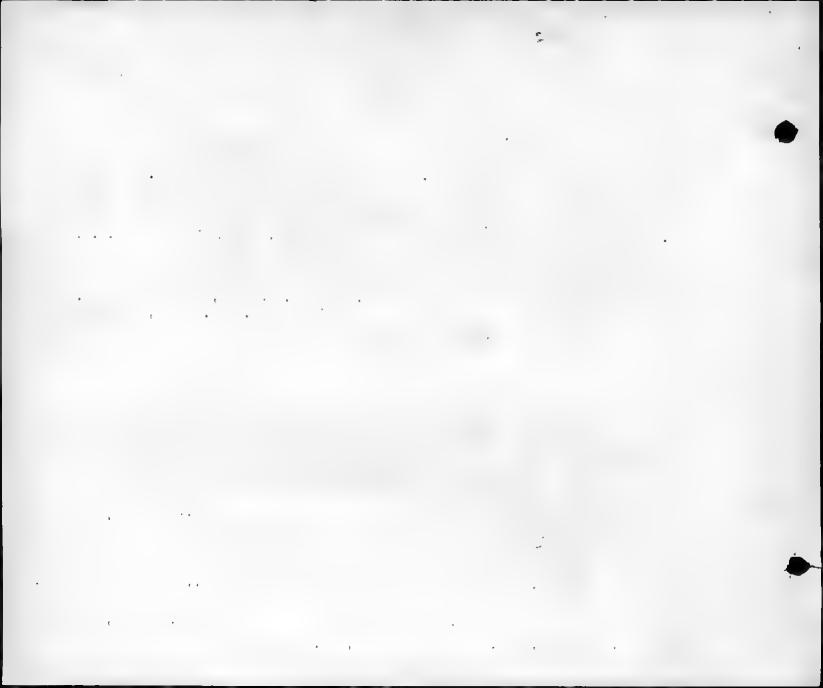


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	1 PLACE OF DEATH 0. COUNTY MONT	GOMERY	MARTINIO	a CTATE	DENCE (Where deceased lived. If institution: Residence before admission)  ARYLAND  b. COUNTY  MONTGOMERY					
	RURAL and give near	outside corporate limits, write est town?	5 months	IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  SILVER SPRING						
	OR INSTITUTION	. (If not in hospital, give street of Gardens Nursing		d. STREET ADDRESS  8716 COLESVILLE			ROAD YES			
÷ ,	3. NAME OF DECEASED (Type or print)	First MENZIE	M∘idle <b>E</b> •	Lost PITTMAN	4. DATE OF DEATH	JAN.	Day 9	Year 1961		
	S. SEX MALE	WHITE WIDOWS	DIVORCED DIVORCED	B DATE OF BIRTH 11/23/82	9. AG last 7.	b rthdoy) Month	Doys Hau			
	10a USUAL OCCUPATION during most of working Div. Foreman	(Give kind of work done 10b g life, even if retired)  (retired)	kind of Business or Indu eau of Engravi Printing	HANCOCK	ar fareign country) MARYLAN	D 12 C	U.S.A.	T COUNTRY?		
1	GEORGE PIT	TMAN		VALLORA ST						
. 1	15 WAS DECEASED EVER I	N U. S. ARMED FORCES? 16. yes, give wor or dates of service)		nformant rs. Elair C. I						
	Conditions, if ony gove rise to improve course (a), stating the lying course last	mediate but to  under: co  R SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	useuse_	INAL DISEASE CON		ONSET AL	ND DEATH		
	200 ACCIDENT WAS OR CONTRIBUTING IL (IF EITHER, NOTIFY M 200 TIME OF INJURY Hour o. m.	Month, Day, Year 20d. 11 While	VIURY OCCURRED 20e. PI	ACE OF INJURY (Home, fornectory, street, affice bldg., etc.	m, 120f. (City or tay		(County)	(State)		
	21. I certify that saw the deceased 22a SIGNATURE 22c PHYSIC AN S	21. I certify that (I) (this haspital) attended the deceased from.  19 47 to 9 fcm 19 of that (I) (we) la saw the deceased alive an 19 color that (I) (we) la saw the deceased alive an 19 color that (I) (we) la saw the deceased alive an 19 color that (I) (we) la saw the deceased alive an 19 color that (I) (we) la saw the deceased alive an 19 color that (I) (we) la saw the deceased alive an 19 color that (I) (we) la saw the deceased alive an 19 color that (I) (we) la saw the deceased alive an 19 color that (I) (we) la saw the deceased alive an 19 color that (I) (we) la saw the deceased alive an 19 color that (I) (we) la saw the deceased alive an 19 color that (I) (we) la saw the deceased alive an 19 color that (I) (we) la saw the deceased alive an 19 color that (I) (we) la saw the deceased alive an 19 color that (I) (we) la saw the deceased alive an 19 color that (I) (we) la saw the deceased alive an 19 color that (I) (we) la saw the deceased alive an 19 color that (I) (we) la saw the deceased alive an 19 color that (I) (we) la saw the deceased alive and that death accurred at 935 M, from the couses and on the date stated above 19 color than 19 color that (I) (we) la saw the deceased alive and that death accurred at 935 M, from the couses and on the date stated above 19 color than 19 c								
	230 BURIAL CREMATION, REMOVAL (Specify) BURIAL	236 DATE THEREOF 1/13/61	73c NAME OF CEMETERY OF FT. LINCOLN			City, lawn, ar count GEO . COUN		tote) YLAND		
	24 FUNERAL DIRECTOR'S WARNER E. I	PUMPHREY INC.	*SILVER SPR	ING, MU.	D BY REGISTRAR	256 REGISTRAR'S				

er death. Page 4 moy be revained by the hospital or attending physicion

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITAL VR A1S (4) 1SM 9/59



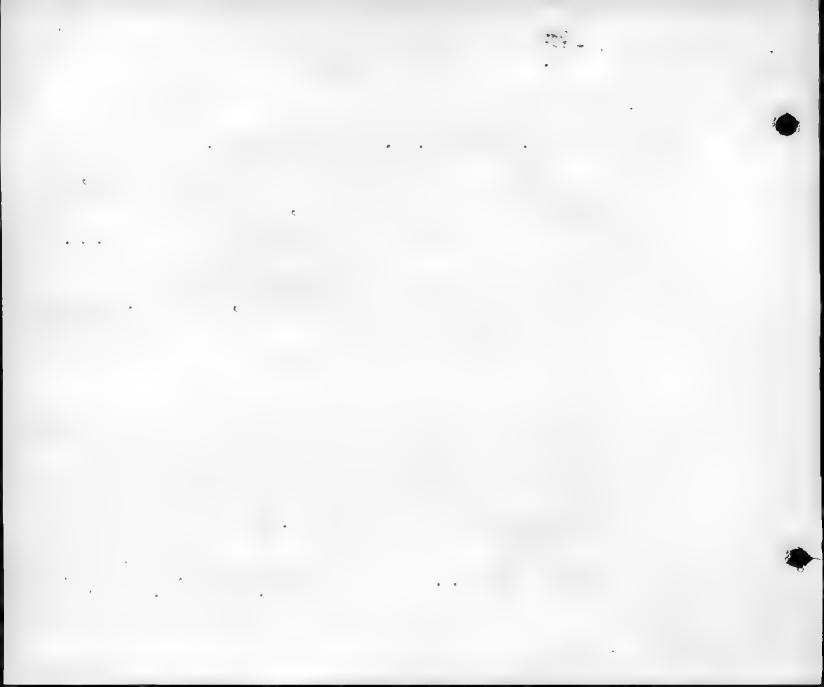
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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

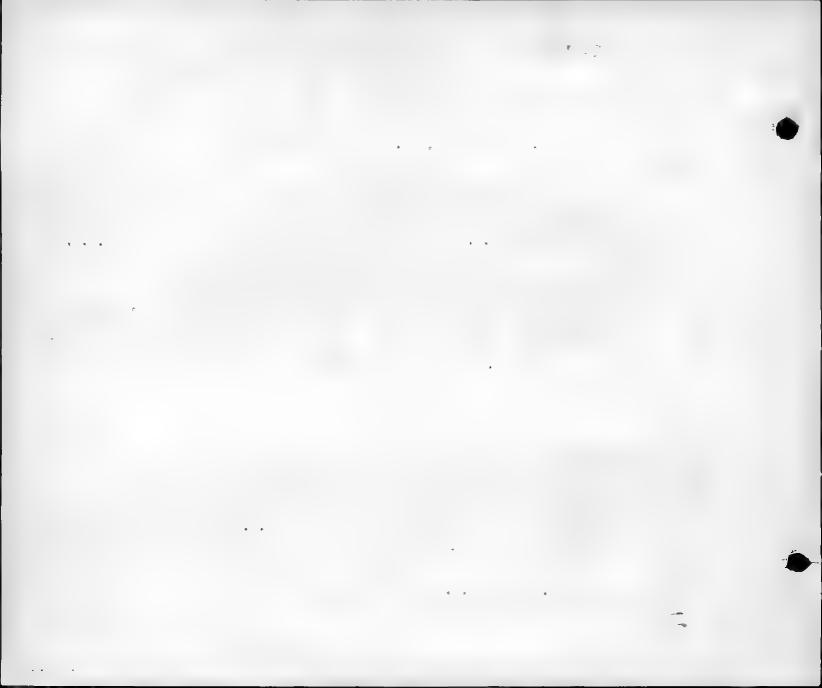
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Tto=	a 8 9 F1 F6 78 1	
1. PLACE OF DEATH  o COUNTY	<del></del>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admiss on) o. STATE b. COUNTY
Montgomery	MARYLAND	New Jarsey
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Bethesda .	79 days	Waldwick (1)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d STREET ADDRESS  e. IS RESIDEN ON A FAR
The Clinical Center, Ber	thesda ll. Md.	58 Waldwick Avenue
3. NAME OF First DECEASED	M ddle	Last 4. DATE Month Day Year
(Type or print) Hazel	Florence	man a la baseria de la constante de la constan
S SEX 6. COLOR OR RACE 7. MA	RRIED REVER MARRIED	B DATE OF BIRTH 1927 9 AGE (In years FUNDER 1 YEAR IF UNDER 24 Hours Months Days Hours M
Female White WIDO	WED DIVORCED	November 3, 1928 A2 33" "
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slove or foreign country) 12 CITIZEN OF WHAT COUN
Housewife	None	New Jersey U.S.A.
13 FATHER'S NAME		14, MOTHER'S MAIDEN NAME
Harry Morgan		Margaret Morrison
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 11		NFORMANT The Medical Record Address
(Yes, give war or dates of service).	ascertainable <sub>Th</sub>	e Clinical, Center, Bethesda 11, Maryland
1B CAUSE OF DEATH [Enter only one couse per		INTERVAL BETWEE
PART I, DEATH WAS CAUSED BY	aphlococcal Sep	ticemia ONSET AND DEA
7 1 2 DUE TO		
1/6:	Lymyositis Of U	nknown Cause 3 Years
gove rise to immediate (		material value
couse (a), storing the under-		
101	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTO
CARC	_	PERFORMED YES TO NO
PART II OTHER SIGNIFICANT CONDITIONS  200 ACCIDENT WAS UNDERLYING   206 DI OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Port II of Item 18.)
G Hour am Whi	- La	ACE OF INJURY (Home, form, 20f (City or town) (County) (Story street, office bidg , etc.)
21. I certify that (I) (this hospital) atter	nded the deceased from	ovember 10, 1960, to January 28, 1961, that (1) (we)
sow the deceased glive or January	28 19 61, and that	death occurred at 20PM, from the causes and on the date stated abo
226 SIGNATURE /C		72b DA
Sober Y . In	uns	M.D PHYS DIRECTOR PHYS X 1/29/61
P. Levi	ne M.D.	27d The Clinical Center, National Institu
230 BURIAL, CREMATION, 23b, DATE THEREOF	23c NAME OF CEMETERY C	
REMOVAL (Specify)	. Marvrest C	emetery. Darlington, New Jersey
24 FUNERAL DIRECTOR'S SIGNATURE ROBERT A. PUMPHREY	ADDRESS Bethesda,	25g. REC'D BY REGISTRAR 256 REGISTRAR'S S GNATURE
		DAIR FINA

VR A1S (4) 15M 9/59



15M 10/57



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Page director led with	( i a	1		LACE OF DEATH					ere decease	d fived. If institute	on Resider	ice before	e odmission)
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death uneral Id be				RURAL and give risarest town)  Bethesda		h days	Vand	lling			7 0	5 X	- 3
he f			(	I. NAME OF HOSPITAL (If not in hospital	give street	1 0		EET ADDRESS			/		. IS RESIDENCE
25.2	(:5	0		The Clinical Cente	er. Be	thesda Ll. Md.	308	Main St	reet				ON A FARM? YES NO DE
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	hours			during most of working life, even if retire OUSEWILE	ed)	None		Pennsyl		,,		U.S	
and	2			FATHER'S NAME		110110		HER'S MAIDEN N				0.0	075.0
9 50	1 7			oseph Fotusky				a Dayto					
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ded iten ple	9			18. CAUSE OF DEATH [Enter only one PART 1 DEATH WAS CAUSED BY			Totlus	20				ONSE	EL AND DEATH
the d	 			PART I DEATH WAS CAUSED BY		gestive neart	Parrui						5 years
tot tr	9			ONE.			M44 7	Turnes					2
2 7 E	byo			gave rise to immediate	1-/	ral Stenosis,	MICIAL	_ Insull:	rerenc	3 <u>y</u>			
Page 1	. E			cause (a), stating the under:	_		N						2
moi:	ō		z	Tying couse lost.  PART II OTHER'S GNIFICANT CO		umatic Heart 1			NAL OILEAS	T CONDITION OF	Chairi Dal	OT 1/-1 16	WAS AUTOPSY
law hysid be l-tra	ian,	1	TION	FAIL II OTHER'S GNIFICANT CC	MULLIONS ;	CONTRIBUTING TO DEATH BE	JI NOI KEEAI	ED TO THE TERM	MWE DISENS	SE CONDITION GIV	EIN IIN FAI	11 1(0)	PERFORMED?
The g pl	to H	5/1	FICA	20. ACCIDENT WAS AIMPERINAND FO	20th DEC	CRIBE HOW INJURY OCCUR	PED /E-1	A 6 Y la	Part I as Par	et II of item 18.1			YES XX NO
e din	ore.		CERTI	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER	H 200 DES	CRIBE HOW INJOK! OCCOR	CED. (Enter 110	inter or injury in	1011 1 01 101	or it of item in i			
<b>こ</b> まする	rial,		_	20c. T ME OF INJURY Month, Day		NIURY OCCURRED 20e.	PLACE OF INI	URY (Home, form	206 (C.)	u na tawat		(County)	(Stote)
AYS or o	3		MEDICA	Hour a. m.	While	Not while	octory, street,	office bldg , etc	.)	y 01 10wn)	,	County	(31014)
in the second se	5		×	p, m,	01 401		T		/ -	f. 0		-	
of Fee	P			21. I certify that (I) (this hospit									
he h	垂			saw the deceased alive on Ja	muary	2 19 04 and that	death acc	urred at	244, Artonia	the couses an	d on th	e dote	stated above
ATT by t	H			200 SIGNATURE 9	R	1 2	ATTE	NDING M	FD RECTOR [_]	STAFF A			1/10/61
2 × 2	Ö			22c PHYSICIAN'S	Marie	Keep			RECTOR L	PHYS LAL		37 1 7	
AL boin	JDO			NAME (Type)	T D	- 1-2 N. T.				ical Cent		Nati	
SPITA Se re ERA 3 sho	ie E					ndriss, M.D.				ealth, Be			
HOSPITAL  Toy be retr  FUNERAL  oge 3 sho	the State		230	BUR AL, CREMATION 236 DATE THER	TOF	St. Agnes			23d, LOCA	TION (C ty, town, uehanna	ar county)	Po	(Stote)
5 5 5	÷.		0		do	1	U CHIEL			1			
			14	FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		ZOG. REC	U BT KEGIS	TRAR 256 REGI	DIKAR DA	COMPANION	<u>}</u> -

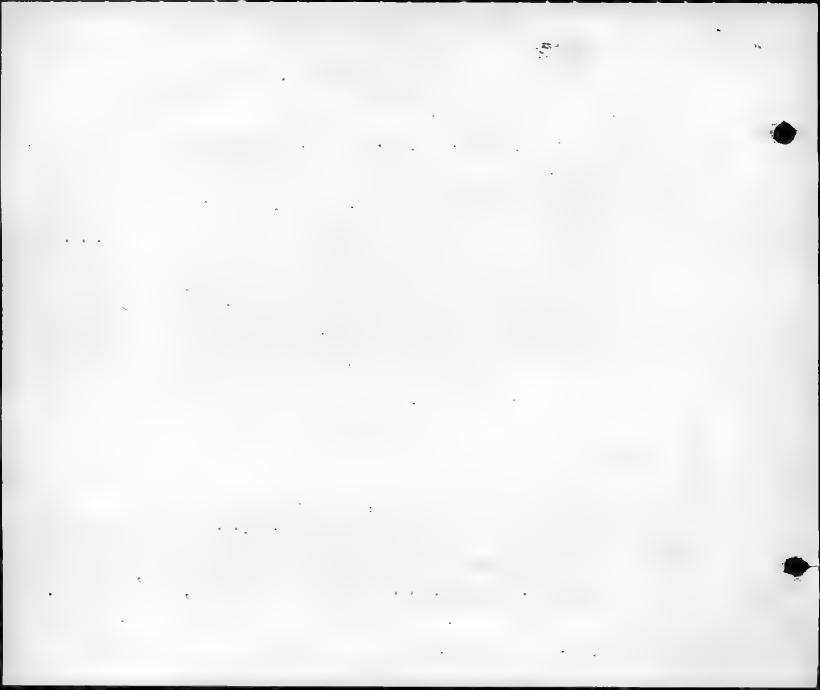
66914

ehanna Co. Pennsylvani

Robert A. Pumphrey Bethesda, Maryland DATE JAN 11'61

256 REGISTRAR'S SIGNATURE

VR A3S (4) 1SM 9759



VS A15 (4) 15M 10/57 EVE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
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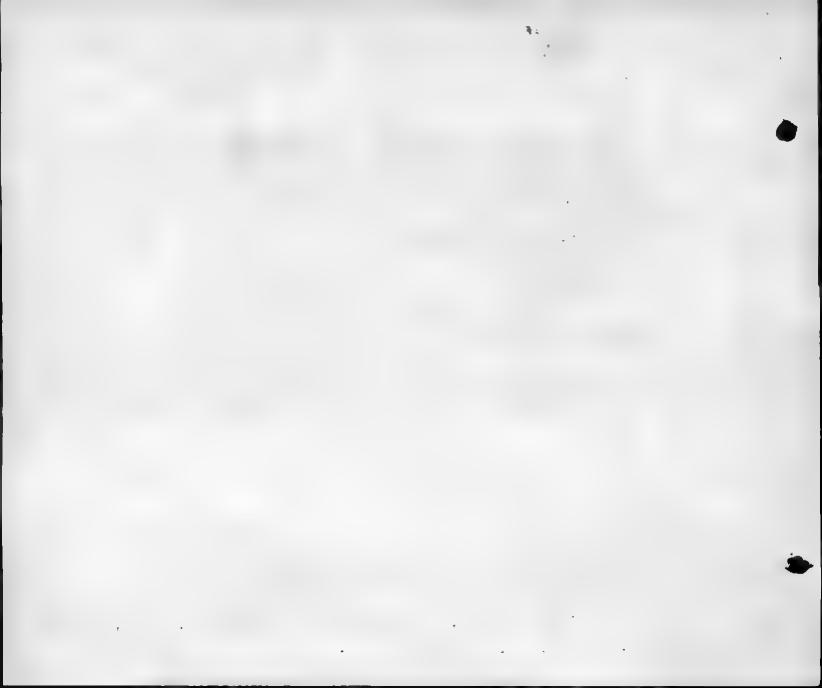
	922	CERTIFICA	ATE OF DEA	ATH			Reg. Dist	l. No. {	(£915
1.	PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE STATE Maryland			L. COLLEGE		e before odr ngton	nussion)
	b CTY OR TOWN (If outside carparate limits, write RURAL and give nearest lawn)	c LENGTH OF STAY IN 16	c. CITY OR TOWN		tside corporate lin				own)
L	Bethesda	9 days	Hagerston	wn		C	3. /	5 5	-
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRE					e. IS	RESIDENCE
Q.	The Clinical Center Bet		434 Jeff	ers	on Stree	t			N A FARM?
3.	NAME OF FIRST DECEASED	Middle	Lost		4. DATE	Month	1	Doy	Yeor
	(Type or print) Carol	Lynn	Price		OF DEATH J	anuary		7	19 61
5.	SEX   6. COLOR OR RACE   7. MAR	HED NEVER MARRIED	8. DATE OF BIRTH		9. AG	E (In years	F UNDER 1	YEAR IF UN	VDER 24 HRS
ı	Female White WIDOW		January 8,	19		birthday) yrs	Months [	Days Hou	rs Min
10	a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY IT BIRTHPLACE	(Stole a	r foreign country)		12 CITIZ	ZEN OF WH	AT COUNTR
П	Child	None	Marvi	land	1		-	U.S.A.	
13	FATHER'S NAME		14. MOTHER'S MAIL						
	Harold H. Price		Barbara	De	Grange				
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	INFORMANT The			and Addre	31		
144	es, no or unknown) (8f yes, give wor or dates of service)		ne Clinical					Maryla	and
F	18. CAUSE OF DEATH [Enter only one couse per li		IC VILLEVOLL		roer e reor	onesda	449		BETWEEN
	DART I DESTRUCCE CALCER MY				4.1. 7. 1			ONSET AL	ND DEATH
	IMMEDIATE CAUSE (0) AQUE	e burniousity ar	id gastro-il	nve;	State Batter To 1		age	day	78
	DUE TO							_	
	1 gove tise to immediate (	e lymphatic le	eukemia					1 yea	ir
	couse (o), stoting the under-								
1,	lying couse lost. (c)								
CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMIN	IAL DISEASE CON	DITION GIVE	N IN PART	PER	S AUTOPSY FORMED?
	20a. ACCIDENT WAS UNDERLYING   20b. DES OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enter noture of inju	iry in Po	ort I or Port II of i	item 1B )			
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d I Hour a. m. 19 While p. m. 19 ol wor	Not while fo	ACE OF INJURY (Home clary, street, office bldg		20f. (City or tow	vn)	(Co	ounty)	(State)
	23. I certify that I attended the deceas	ed from December	29 1060 to	Ja	nuary 7	1061	that I le	ast saw th	a decens
	alive on January 7 19	61 and that death	occurred of 2 :	LSP	M from the		ol on the	, alaka	at all all and
	1 00 ,		TOCCOTTED DELL		DDRESS (Street, ci			e date sit	DATE SIGNE
	ACTUAL KAMI TO STORY	1.1 1	The Cli		al Cente		J. 0,	٦.	/7/61
	SIGNATURE (CARE)	12(1)			astitute		oalth		11/77
	PHYSICIAN'S HEROME B. BLOCK	M.D.			Maryl		24 T 011		
22	P. BURIAL, CREMATION, 276. DATE THEREOF	22c NAME OF CEMETERY O			72d. LOCATION (	-	county)	15	rote)
	REMOVAL (Specify) 1/9/1961	Rest Haven C			Hagerst		,,	Maryl	, ,
23	- 11			REC'D	BY REGISTRAR	246 REGIST	RAP'S SIGN		~11.C
1	Suter - Rouzer Funeral Ho	me <sub>Hagerstown</sub>		ean :		AND AROUST	1 2 10	AND TO SELECTION OF	



T I	νĘ	SALEGE FILE 279 MARYLAND STATE DEPARTMENT OF HEALTH  Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE		923 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1.	PLACE OF DEATH    2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before admission
necessary, rector. Page your files.	1	b. COUNTY  MARYLAND  L. CITY OR TOWN IT OUTSIDE COPPORAGE I mits,  C. LENGTH OF STAY IN 1b  C. L
smy de e funeral din tained for y State Board for y State Board	-	d NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give straet add )   d. STREET ADDRESS   e. IS RESIDENCE ON A FARAGO   A DATE   Month   Day Year   Yes   NOW
and 3 to the may be re 2 with the ours after d	5.	SEX   6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   8. DATE OF B.RTH 9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 Hrs.   Months   Days   Hours   Min.   Months   Days   Hours   Min.
24 hours after ve Pages 1,2, PM3. Page 5 pages 1 and within 72 h	13.	FATHER'S NAME  12. CITIZEN OF WHAT COUNTRY  13. BIRTHPLACE ISTAILS or foreign country  14. CITIZEN OF WHAT COUNTRY  15. MOTHER'S MAIDENNAME  16. MOTHER'S MAIDENNAME  17. MOTHER'S MAIDENNAME  18. MOTHER'S MAIDENNAME  19. M
ltem 18, Give with form P permit, File	15. (Ye	WAS DECEASED EVER N. U.S. ARMED FORCES?, 16. SOCIAL SECURITY NO. 17. INFORMANT 3. 19. Address Address (Ifyalgivawarordates of service) 488  18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).)
should be exer ng" in pencil in r's Office along s a burial-transil removal, and i		PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)  PHHADING Barbiturate poisoning  ON SET AND DEATH  Barbiturate poisoning  ON SET AND DEATH  ON SET AND DEATH  ON SET AND DEATH  ON SET AND DEATH
this certificate word "pendine word "pendine ledical Examine tould be used a Committee or the committee or t	FICATION	PART JOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO   200, EXTERNAL CAUSE WAS 1200, DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I of Part II of Part
KAMINER:  , writing the he Ch.el Mec Page 3 shou	MEDICAL CERTIFIC	PRIMARY Or CONTRIBUTING CAUSE OF DEATH  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  Hour a.m. While Not While factory, street, office bldgs, etc.)  p.m. 19 at work at work
EDICAL E. The certificate rwarded to to to to to to to a point, private to		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner .  CHIEF MEDICAL EXAMINER .
UTY Mexecute Id be for IERAL lesignate		ACTUAL SIGNATURE TRANSPORT OF SIGNATURE DATE SIGNED  EXAMINER'S NAME (Type) FLANK J. BLOSCH ZHA Address (Street, cliv, fown, or county)  Address (Street, cliv, fown, or county)
TO PUT	228	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State)  REMOVAL (Spacify) 1/16/61 FORT LINCOLN CEMETERY PRINCE GEO. COUNTY, MD.  ANNUAL CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, lown, or country) (State)  PRINCE GEO. COUNTY, MD.
VS. A15ME 5M 7/59	<u>"</u>	Killymand le geska String. DATE JAN 17'61 Cilm & Kins



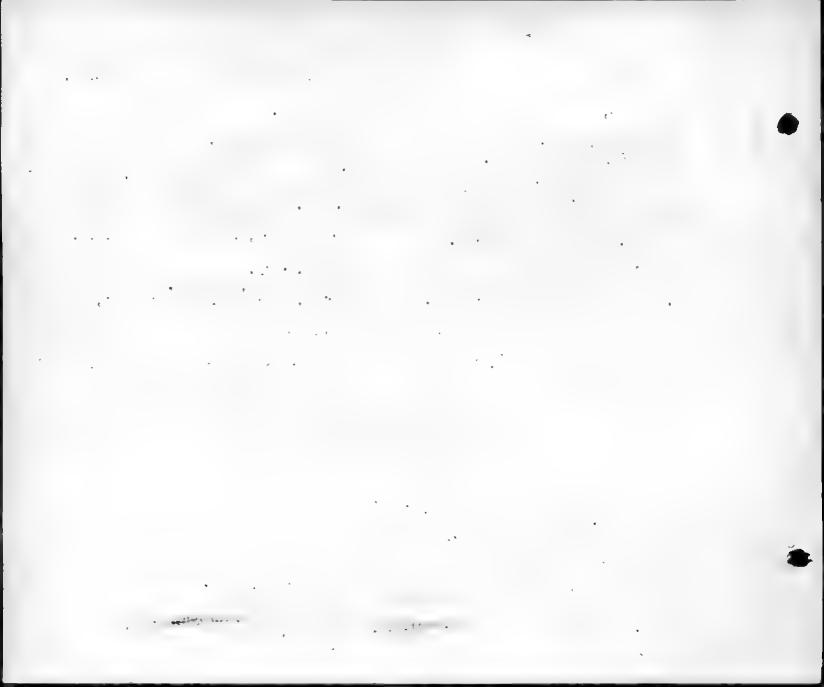
DIVISION OF STATISTICAL RESEARCH AND STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY b. COUNTY Montgomera MARYLAND b CITY OR TOWN If outs de corporal I m ts. c. CITY OR TOWN (If outside corporate limits, write RURAL end give parest town) c. LENGTH OF STAY IN 16 filled in L Pages 1 hours afte d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO 4 1405 3. NAME OF DECEASED OF DEATH (Type or print) 19. AGE (In years | IF UNDER 1 YEAR IE LINDER DA HRS 7. MARRIED THEYER MARRIED last birthday) Hours WIDOWED 1 DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work 12 CITIZEN OF WHAT COUNTRY? done during most offworking life, even if retired) nerchant-Owner Riggs Market 13. FATHER'S NAME Alexander Kam Say 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT unknown (Yes, no, or unkown) | ( fyesg vewerordetes ofservice Hospital 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c) ! INTERVA. BETWEEN PART I. DEATH WAS CAUSED BY: DUE TO (b) gave rise to immediate cause (e), stating the underlying PART II. OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT PERFORMED? 200 ACCIDENT WAS UNDERLYING TO 206. DESCRIBE HOW NURY OCCURED. (Entertained or of injury in Port Lor P NO X 20d. INJURY OCCURRED, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year While Not While fectory, street, office bldg., etc.) Hour a.m. at work at work 4 may be retained. DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from 12-11..... 1967. to /-- (we) last ....19.6/..., and that death occured ava.03.M. from the causes and on the date stated above. saw the deceased alive on.. ATTENDING 22a. SIGNATURE SIGNED STAFF DRECTOR PHYS llea death. Page 4 O FUNERAL 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) director, be filled 238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION City, lower or countyl (State) REMOVAL [Specify] OL 1/10/61 FT. LINCOLN CEMETERY PRINCE GEO. COUNTY. MARYLAND 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE EUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) SILVER SPRING, MD. DATUAN 1 2 '61 arthur & Kines 15M 9/60



MARYLAND	STATE DEPARTMENT OF HEALTH—BALT	IMORE, 18
925	CERTIFICATE OF DEATH	Reg. Dist. No
		Keg. Dist. r

66918

	1.	PLACE OF DEATH					2. USUAL RESIDENCE (Who	ere deceased live		n Residence	before admi	ssion)
		Montgon	erý		MARYLA	ND	o. STATE Marylar	1 <b>đ</b>	b. COUNTY	Montg	omery.	
		RURAL and give		its, write	c LENGTH OF STAY IN	1Ь	c. CITY OR TOWN (IF or	utside corporate	imits, write RU	JRAL and go	re negrest to	wn)
1/		Rockville	ITAL (If not in haspital,	niun strant	h poddens)	-#	d. STREET ADDRESS		4		- ac ni	SIDENCE
ا محسر		OR INSTITUTION		Alec suesi	GOGLESS)			- 704	1		ON	A FARM?
	-		ndy Drive		<del> </del>	ll_	702 Burgundy	MITAS.			YES [	] NO [ <b>]</b>
		NAME OF DECEASED (Type or print)	nabel Eva B	omge.	FUG Middle	R	1 m 9 L	4. DATE OF DEATH T of	Moni mary I		Day	Yeor 19 61
	5 5	SEX	6. COLOR OR RACE	7 MAR	RIED NEVER MARRIED	m   8	DATE OF BIRTH		GE (In years		YEAR IF UNI	
		Femele	White	WIDOW	_	<u>-</u>	Dec.IIth.I920	le	st birthdoy)		loys Hours	
		SUAL OCCUPAT	ION (Give kind of work rking life, even if retired	done 10b.	. KIND OF BUSINESS OR I	NDUST	RY 11, BIRTHPLACE (Stote	or foreign countr	у)	12.CITIZE	NOF WHAT	COUNTRY?
		Clerk.	raing me, even in tentec		Benk.		Washingto	n.D.C.		U	.S. A.	
1	13.	FATHER'S NAME			District		14. MOTHER'S MAIDEN N	AME				
	_	Paul Aren					Anna F. Wall					
	15 (Ye:	WAS DECEASED EV	ER IN U.S. ARMED FOI (If yes, give wor or dates of :		SOCIAL SECURITY NO.		ORMANT ROCKVI					
	n	.0 •			Unknown.	Fr	edrick P.Reme	ge 702 B	urgund;	7 Driv	e,	
		18. CAUSE OF DE	ATH [Enter only one co	ouse per 1	ine for (a), (b), and (s)	-					INTERVAL E	ETWEEN
		PART I. DE	ATH WAS CAUSED BY-	1 /	Lune /	an	I emia				ONSET AN	DIA
		1 - 5	DUE TO	17/	1		1		· -			1.1
		Conditions, if	many subjets \	(	Arrina	2/~	a of tend	V March	man	4	10 m	conth
		gove rise to	immediate (	,	V- 7 C- 101	-	10	7		1	7.77	77
		couse (a), stating lying couse lost	rne unger-				₩			ž.		
	z	-	, ,		CONTRIBUTING TO DEATH	RIIT N	OT PELATED TO THE TERMIN	NAI DISEASE CO	NDITION GIV	FALINI PART	1/61 30 W/AG	AUTOPSY
	CATION	7,441 111 ()1	THE STOTAL COLUMN COL	ADINOI43	CONTRIDETINO TO DEATH	90111	OF REGALED TO THE TERMIN	WAL DISLASE CO	NUMBER OF STREET	23E DA - MRT -	PERF	ORMEDZ
	正	20- ACCIDENT 14	AS UNDERLYING [	Took DEC	COURT HOLD IN HUNDY OCCU	10050	4F 4		t 4 10 t		YES	] NO K
	L CERT	OR CONTRIBUTING	G CAUSE OF DEATH Y MEDICAL EXAMINER)	ZUB. DES	SCRIBE HOW INJURY OCC	URREU.	tenter notitie of injury in r	gritor ratific	i ilem iori			
	WFDICAL	20c. TIME OF INJU Havr o. m.	RY Month, Day, Ye	1	a a	e PLAC	E OF INJURY (Home, form, ry, street, affice bldg., etc.)	20f. (City or I	own)	(Co	unty)	(Stote)
	WFC	p. m	19	While of wo	rk of work	/	, , area, area biog., etc.					
		21   certify \	hat I attended the	decea	sed from / // W	7h	1060 to 20	In 16	16/	that I last	saw the	decoared
		alive an	An 8	10 (	e and that de	anth o	secured at the	M. fram the	causes and			
					L'I III III de	5UIII 6	accorred of 1275	ADDRESS (Street.	éty or town,			LTE SIGNED
		ACTUAL SIGNATURE	Tomas	5.	Aboth		. 3323	-0-50	Nu	•	/-	16-6,
		SIGNATURE	1.5			M.	D	· ,	ـــــــــــــــــــــــــــــــــــــ			5 . L & L
		PHYSICIAN'S NAME (Type)	Franci	5 1	, I harpe	111	Wa 2	hlng	170 m	<u> </u>	<i>P,</i> C	
	220	BUR AL, CREMATION REMOVAL (Specify	1 - 1 - 1	)F	220 NAME OF CEMETE	RY OR	CREMATORY	22d LOCATION			(5)	ate)
	B	uriel	1/19/61		Prospect.	111	Cemerte	Vashing	CON.	. C.		
	23.	FUNERAL DIRECTO	R'S SIGNATURE	. 1	ADDRESS VV	A 50	, 2, 1 C 240 REC'T	BY REGISTRAR	246 REGIS	TRAR'S SIGN	NATURE	
		tosep,	M. 7 /34	de	Seons. 303	41	MST NILADATE JAN	v 1 9 '61	1	1 . 9 4		



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH funeral I. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If that tut, on; Residence before admiss on) a. COUNTY Ty the and 2 death. Comera NIGOMER MARYLAND 1001 b. City OR TOWN ( fautside corporete I'm is, c. LENGTH OF STAY IN 16 FITY OR TO (N (if outside corporate limits, write RuRAL and give nearest tow) RURAL and give pearest Jown) apers Pages 1 a 72 hours after c Ε d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Pages filled . IS RESIDENCE ON A FARM? YES NO letely NAME OF DATE DECEASED OF O COMP (Type or print) TEORGE DEATH 19 6 / 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF JNDER 1 YEAR IF UNDER 24 HRS. last birthday) and Months WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF J.S. NESS OR INDUSTRY ( 11. BIRTHPLACE (County & State, or fore on U.S. ) Ndependent 12 CITIZEN OF WHAT COUNTRY? Sici. done during most of working life, even if ratifed) e CRETARY TO NASO phy 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME da 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) | [[fyas qiva war or dates of service] RS. MARGARET ec pasar 18. CAUSE OF DEATH [Enter only one couse per | ne for .ej. ,b,, and c) | INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. 30 new 1 AMMEDIATE CAUSE . 0) DUE TO Conditions, if any, which (b) gave rise to immed etal cause **DUE TO** (a), steting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY Care PERFORMED? NO certifi r use 200, ACCIDENT WAS UNDERLYING \_ 20b. DESCR.8E HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH Š After 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f (City or lown) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While While Hour e.m. et work et work p.m. TOR. 21 I certify that (1) (this haspital) attended the deceased from Henry 10 ... , 1940 to ..., 19/<sub>st</sub> /, that (I) (we) last OR AT , and that death occured a TYMM, from the causes and on the date stated above. saw the deceased alive on 22b, DATE . 2e. SIGNATURE SIGNED ATTENDING PHYS TO HOSPITA death. Page 4 TO FUNERAL 1 director, page 61. PHYS **D-RECTOR** M.D. 22c. PHYSICIAN'S 22d. ADDRESS 23a. BURIAL, CREMATION, 236 DATE THEREOF NAME OF CEMETERY OR CREMATORY TRANS & BURIAL DRAYOSBURG. RICHLAND CEMETERY 24 FUNERAL DIRECTOR'S S GNATURE 125# REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE VR A15 (4) SPRING. 15M 9/60



9.0	ctor, with	
5.5 TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs death. Page X . may be retained by the hospital or aftending physician	TO FUNERAL DIRECTOR: After this cert ficate has been signal by the attending physician and campletely fill. in by the funeral director, page 3 should be detached for use as the burnor-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with	(1
deo	funer auld b	V
S S	by the	
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NDING e hosp	t: After	the registrar prior to buriol, cremation, or removal, and in any event within 72 hours ofter death.
E Y	e deta	or to t
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SPITA be rei	NERA 3 sho	egistro
TO HC	Jegg Page	the
V5 A		

			AND S	TATE DEPA	ARTME	NT OF H	EALTH	I—BAL1	<b>IMORE</b>	, 18			
		927		CERT	IFICA	TE OF D	EATH	1		Reg. C	Dist. No	. 64	192
1 PLAC o. CC	e of DEATH DUNTY Montgo	merv		MAR	YLAND	2. USUAL RESID			lived. If inst b. COU	itution: Reside	ence befo	mer	ion)
RU	TY OR TOWN (IF RAL and give ned	outside carporate limits, rest town)	write c.	LENGTH OF STAY	Y IN 1b	c. CITY OR TO XRocky			ote limits, wri	te RURAL ond	l give ne	arest town	1)
d. N/		L (If not in hospital, giv	e street odd	dress)		d. STREET AI	odress mens	Lan	e				IDENCE FARM?
3 NAM DECE (Type	ASED	हाता भूग्रिसमाम	R	Middli RT	CKET	Last		4. DATE OF DEATH	J∩r	Month	Do		Year
S SEX	- Terele	6. COLOR OR RACE	7. MARRIED	NEVER MARR	IED 🔲 8	DATE OF BIRTH	10		9 AGE (In ye			Hours	R 24 HRS. Min.
duri	JAL OCCUPATION ING most of working ISOWIFE	N (Give kind of work doing life, even if retired)		ND OF BUSINESS O	OR INDUST		vce (State	-	ountry)		TIZENO	FWHATC	OUNTRY?
13. FATH	er's name	]]'o~ P'#	10			14. MOTHER'S			aham	•			
TS. WAS	DECEASED EVER	IN U. S. ARMED FORCE	(ice)	cial security no		FORMANT S Mari		,		Address	<i>‡</i>		
go cau lyin	170 > anditions, if an ive rise to imuse (a), stating thing couse last.	mediate (		ARCIN	CAL	7 E17	h FB	25-TA 1-C-TA REA NALO SEASE	15-7A51	GIVEN IN PA	0A 0)	1/4 Ye Ye	DE SAUTOPSY
CERTIFICATION (ILE	ACCIDENT WAS CONTRIBUTING ( LITHER, NOTIFY N	JNDERLYING [] 2 CAUSE OF DEATH MEDICAL EXAMINER)	0b. DESCRI	BE HOW INJURY O	DCCURRED.	. (Enter nature of	injury in f	ort I ar Part	II of item 18.	}			NO D
	TIME OF INJURY Hour a.m., p. m		While	JRY OCCURRED Not while of work	20e. PLA fact	CE OF INJURY (Fory, street, office	tame farm bldg., etc.	20f (City	or lown)		(Caunty)		(Stote)
aliv ACT SIGN	UAL HATURE	of a defended the of			t death	accurred at_	14	M, fram 1		and an ti		e stated	
22o. BUR	SICIAN'S ME (Type) GO RIAL, CREMATION NOVAL (Specify)	odori S. F		nc NAME OF CEN	_	CREMATORY	Ro		ION (City, lov	vn, or county	) - <u>/</u> )	(Stot	e)
BUNE 21 FUNE	FRAI DIRECTOR'S	2/1/61 signature eler Fune	ral	Rockvi Address Home	lle		24a. REC'I	Reck BY REGISTI		Mar EGISTRAR'S S	IGNATU		
13.		March Pulle	Tal	u. a.e.			DATECT	2 2 16	1 (	Why &	. Herau	A	

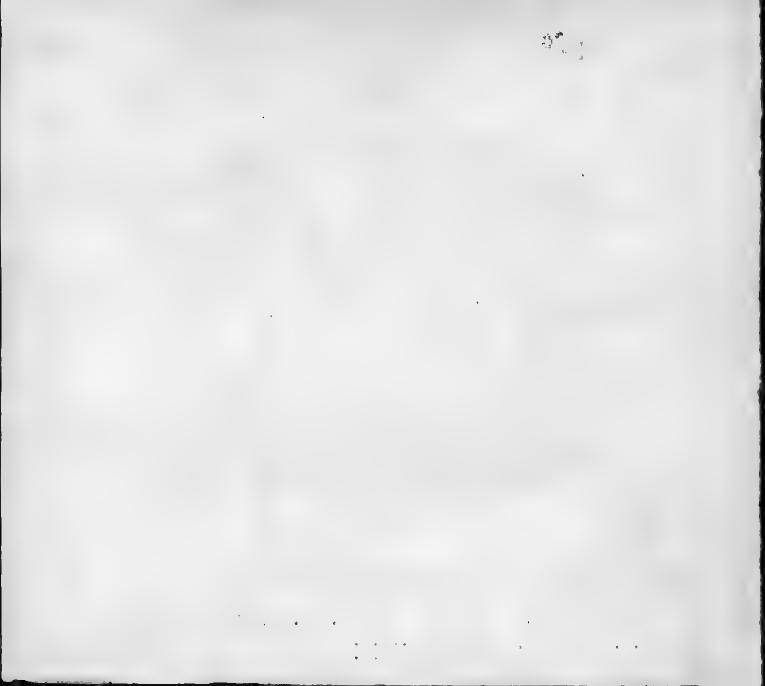
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

filed death. .5 filled prior 3 shavid be he registror TO FUNERAL page VS A1S (4) 1SM 9/5S

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF US 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY MERVIZNO c. LENGTH OF STAY IN 16 CCTTY OR TOWN (if outside corporate limits, write RURAL and give peerest town) H. NAME OF HOSPITAL OR d STREET ADDRESS IS RESIDENCE ON A FARM? YES NO 1 (Type or print) DEATH AGE ANYOUR IF UNDER TYEAR RACE 7. MARRIED MEVER MARRIED last birthday) | Months | Days DIVORCED yrs. 1Db. KIND OF BUSINESS OR INDUSTRY . 11. BIRTHPLACE (State or foreign country) 12. CIT ZEN OF WHAT COLNTRY? done during most of working life, even if retirad) huseluce 15. WAS DECEASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO., 17. INFORMAN Address (Yes, no, or unkown) , (Ifyesgive war or dates of service) 1917-1920 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which (b) gave risa to immediate cause DUE TO (a), stating the underlying ceuse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8 19, WAS AUTOPSY PERFORMED? NO Y 20b. DESCRIBE HOW IN-URY OCCURED. (Enlar nature of Injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) fectory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry 😾 and in my opinion death resulted from: Natural causes X1, Suicide Undetermined manner Accident | Homicide CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) aroscharx Addrass (Streat, city, lown, or county) 22E. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22a, BURIAL, CREMATION, 1 22b. REMOVAL (Specify) Burial Arlington Nat'l.Com. 6 Arlington, Virginia 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Hines Co. 2901 14thSt USME Ording S. Hours DATE JAN 9 7/59 Washington 9.D

AND STATE DEPARTMENT OF HEALTH



Arlington Nationa Cemetery

ADDRESS

Inc. 1756 Penn Washington 6, D.

and Sons

Arlington, Virginia

25h REGISTRAR'S SIGNATURE

Cirching & Henry

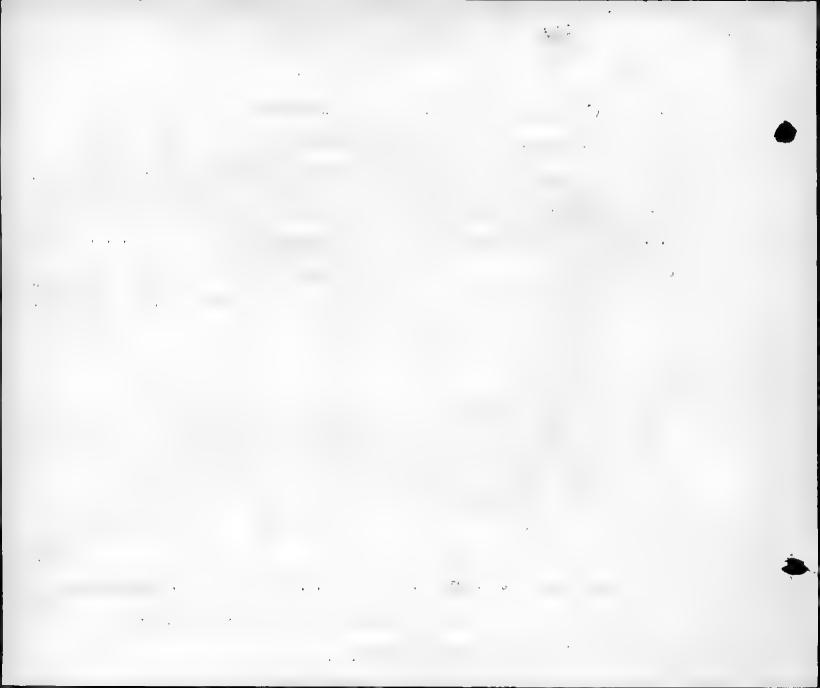
250, REC'D BY REGISTRAR

DATE FEB 2

FUNERAL DIRECTOR: 0 VR A15 (4) ISM 9/59

REMOVAL (Specify)

24. FUNDRAL DIRECTOR'S SECHATURE L



TO HOSPITAL O

VR A15 (4) 15M 9/59

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a de	ŀ	RURA, and give ne	f outs de corporate limi earest tawn) Spring-W		e LENGTH OF STA 3 weeks on Kursin	;	~	R TOWN (IF o		rote limits, write	RURAL ond	give neores	t town)
0		d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, g	AVE.				ADDRESS 7 West	tave	nue			S RESIDENCE ON A FARM? ES NO K
	(	NAME OF DECEASED (Type or print)	George	it.	Middl H•		Sabi		4 DATE OF DEATH	ow [	L	Day 18	
	5 5	Male	6. COLOR OR RACE White	7 MARRII	NEVER MARE	RIED	DATE OF A	<u>-</u> 9-1880	)	9. AGE (In years lost hirthday) O yrs	Months		UNDER 24 HRS
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(	Ir	BUR AL, CREMAT C REMOVAL (Specify) 'EMATION	1-19-61	F	23¢ NAME OF CE	_		ory	Prin		rge	Co.,	(State) Md.
	24	FUNERAL DIRECTOR	Direy Lin	end.	Bethe	esda	, Md.		b by REGIST		STRAR'S S	HANNA	



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INTERVAL BETWEEN

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PERFORMED? YES T NO

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MADING. LT. MC. 22d ADDRESS U. S. Naval Hospital, Bethesda,

Md. (State)

1-16-61

23a BURIAL CREMATION, 23b DATE 23c. NAME OF CEMETERY OF CREMATORY REMOVAL (Specify) Buria' Mt. Olivet

Washington. D. C. 25a REC'D BY REGISTRAR

25h REGISTRAR'S SIGNATURE

23d LOCATION (City, fown, or county)

ADDRESS

NAME (Type)

9th St., NW, WashDC

JAN 1 9 '61

Circle + Y years

(County)

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If institution. Residence before admission) a COUNTY a. STATE **6 COUNTY** MARYLAND District of Columbia Montgomery b. CITY OR TOWN (If autside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) Bethesda (Rural days Washington d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Helm Green, S. W U. S. Naval Hospital NAME OF Eirst 4. DATE Middle Month DECEASED (Type or print) DEATH Eugenia SANES January IF UNDER I YEAR IF UNDER 24 HRS S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years lost b rthdoy) Months WIDOWED | DIVORCED . 2-12-10 50 Female 100 USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. C.T.ZEN OF WHAT COUNTRY? during most of working life, even if retired) Puerto Rico Domestic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Balitinia AYALA Leona SANES 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Delbert Gibson No None same as CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) ] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** aromo cel CARCINOMI Conditions if ony, which gave rise to immediate **DUE TO** couse (o), stating the underlying couse jost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) 20c TIME OF NJURY Month. Doy. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not while at work at work p. m. 40 M from the causes and an the date stated above. 21 I certify that the (this haspital) attended the deceased from Oct. 11 Jan. 16 19 61 that M (we) last 1961, and that death accurred at saw the deceased alive an Jan. 16 22a SIGNATUR DIRECTOR 22c PHYSICIAN S

b FUNERAL DIRECTOR. I poge 3 should be detach

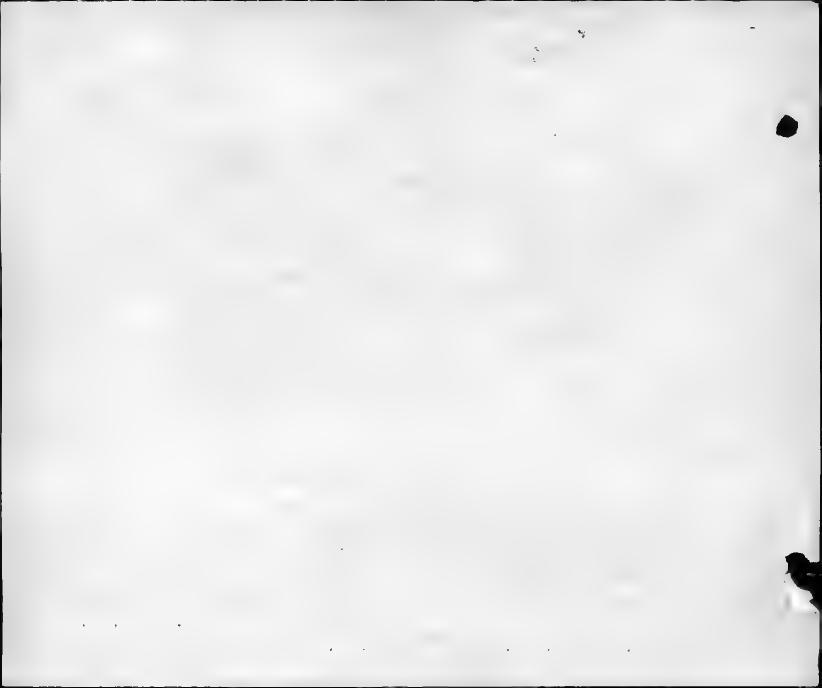
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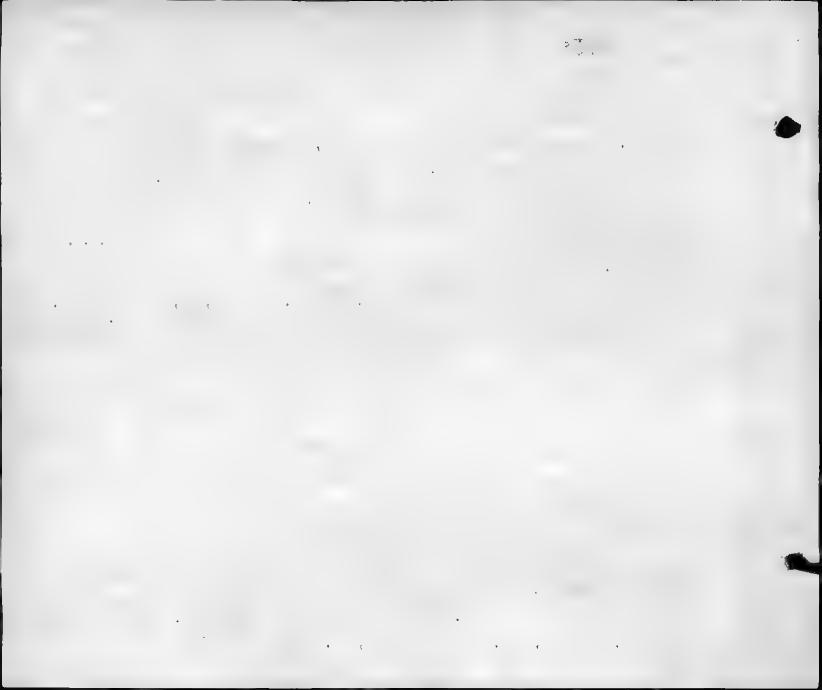




ESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, If institution, Residence before admission) b. COUNTY lont ac men MARYLAND c. City OR TOWN Ill outside corporate lim ts, write RURAL and five nearest town Montgemery b, CITY OR TOWN (If puts de corporate I ref e. LENGTH OF STAY IN TE akema filled d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, g va streat address) d STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO X World 3 NAME OF Yaar DECEASED OF (Type or print) DEATH 61 19 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH AGE (In yours LIF UNDER I YEAR IE LINDER 24 HRS last birthday) Months Hours 10a USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if ratired) phymi House wi 13. FATHER'S NAME unknown Pennypacker 15 WAS DECEASED EVER IN . S. ARMED FORCES? I 16 SOCIAL SECURITY NO 17. INFORMANT Addrass (Yas, no, or unkown) | (Ifyas giva war or datas of service) 18 CAUSE OF DEATH [finter only one cause per line for (at. b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO orios cleration Heart descar Conditions, I any, which gava risa to immadiata causa DUE TO (a), stating the underlying causa last. PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIB) 19. WAS AUTOPSY PERFORMED? -1, 6-12/2/12/12 200 DEDE. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part or Part of Item 18) 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINERS 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Homa, farm, 20f (City or town) 2Dc. TIME OF INJURY Month, Day, Year (County) factory, streat, office bldg., etc.) While Not While al work at work 1962 Q to ..... .... 19 (2. ), that (1) (400) last 21, I certify that (I) (this hospital) attended the deceased from. ...... . 19.6/., and that death occured at ... A.M., from the causes and on the date stated above saw the deceased alive on. J. J. 15 22a S GNATURE 226. DATE ATTENDING SIGNED PHYS. DIRECTOR 1X was 61 PHYS. MO eath. Page 4 FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S 230 BURIAL, CREMAT ON | 236 DATE THEREOF (State) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) REMOVAL (Specify) g d. g v 1/19/61 CEDAR HILL CEMETERY PRINCE GEO. COUNTY. 250 REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 EUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) VABNER E. PUMPHREY , INCA SILVER SPRING, MD. 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I yed, If institution, Residence before admiss on) a COUNTY Page MONTGOMERY a STATE **b.** COUNTY MARYLAND MONTGOMERY funeral director, Pag ained for your files, MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) your rd of l write RURAL and give nearest town) 5 years SILVER SPRING SILVER SPRING d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained he State B 10,124 RENFREW ROAD 10.124 RENFREW ROAD YES NO X 3. NAME OF First Middle DATE Month Year DECEASED 3 to the the the MARTIN (Type or print) Albert SCHWARTZ DEATH JAN. б 1961 with 6. COLOR OR RACE 7. MARRIED TENEVER MARRIED 5. 5EX 8. DATE OF BIRTH 9. AGE (In years (IF JNDER 1 YEAR IF UNDER 24 HRS." 2 with age 5 may 1 and 2 wit 72 hours a last birthday) Months 2, and Hours I Min. 11/29/84 MALE WHITE WIDOWED [ DIVORCED 76 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF PUSINESS OF INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page Car Inspector RETIRED 8. Give Pages 1, RAILROAD IOWA U.S.A. pages | within P.M.3. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARTIN J. SCHWARTZ EMMA MORCKLI 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURTY NO. 17. INFORMANT Address (Yes, no, ogarkown) | (Ifyesg vewerordatesofservice) NONE Mrs. Selma I. Schwartz, 10,124 Renfrew Rd. in pencil in Item 1 Silver Spring, Md Interval BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [finter only one cause par line for (a), (b), and (c).] s along I-transit PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSION SUDDEN IMMEDIATE CAUSE (a) Office **DUE TO** Conditions, if any, which "pending" Examiner's ( gave rise to immediate cause DUE TO (a), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 8 19. WAS AUTOPSY PERFORMED? asse execute the cartificate, writing the word should be forwarded to the Chief Med cal EVINERAL DIRECTOR. Dang 1 should be cremafi Medical should be YES NO X 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of In ury in Part I or Part I, of Item 18.) 20a EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief J 20c. TIME OF NJURY Month, Day, Year 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, farm, . 20f. (City or town) (County) (State) forwarded to the Chit DIRECTOR: Page fectory, street, office bldg., etc.) While Not While Hour a.m. at work at work prior Inspection X 21. I certify that I took charge of the remains described above, held an Autopsy ... Inquiry X and in my opinion MEDICAL death resulted from. Natural causes K Accident [ Surcide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY 1/6/61 EXAMINER'S FRANK JY BROSCHART NAME (Type) Address (Street, city, town, or county) 228, BURAL, CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or country) BUR LAL FT. LINCOLN CEMETERY PRINCE GEO. COUNTY. MARYLAND 0 ğ.40 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE ER SPRING, MD. VS. A15ME ariling & Krous DATE AN 1 1 '61 5M 7/59



HOSPITAL

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

027

66930

	-		
		PLACE OF DEATH O. COUNTY OM - COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived If natitution Residence before advission) o. STATE b COUNTY
	ŀ	b CITY OR TOWN (If autside constraint write c JENGTH OF STAY IN 16 RURAL and give nearest town)	S CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn)
ø		d NAME OF HOSPITAL (if not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
		Juburban !	8 303 - Colesville Kan YES NO.
		NAME OF DECEASED (Type or print)  First CORDELIA (CORDELIA)	JAZE OF Month Day Year DEATH Jan 1961
	5 9		DATE OF BIRTH 11 9. AGE (in years   IF UNDER 1 YEAR IF UNDER 24 HRS   lost birthday) Manihs Doys Hours Min.
-	100	DO USUAL OCCUPATION (Give kind of work dane 10th KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or Foreign country) / 12. CITIZEN OF WHAT COUNTRY?
	2	Provide a grant of the life of even if retired	morey land 1.L. J. A
	<b>\</b> 3.	3. FATHER'S NAME E	14. MOTHER'S MAIDEN NAME
	1	U.11.3. 3/2 200	XXX ANNE M. FAWCETT
	(Yes	S. WAS DÉCEASÉDÉVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFO 17. INFO 17. INFO NO NE	DEMANT Address Joseph To The Their
		18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]	INTERVAL SETWEEN
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	HEART FAILURE PRINTS
		OUE TO	9
		Canditions, if any, which ) (b) CLYTE VIOSE !-	Cros15 do445.
		gave rise to immediate cause (a), stating the under: ying cause last.  DUE TO  Auricula	A Fibrillation 10 days
	ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPY PERFORMED?  YES TO NO 17
)	CERTIFICATION	200 ACCIDENT WAS UNDERLYING   20b DESCRIBE HOW INJURY OCCURRED.  OR CONTRIBUTING   CAUSE OF DEATH  OF EITHER, NOTIFY MEDICAL EXAMINER!	(Enter nature of injury in Part 1 or Port II of item 18.)
			E OF INJURY (Hame, farm, 20f (City or town) (County) (State)
	MEDICAL	Hour a.m.  p. m.  19 While Nat while facto al wark at wark	ry, street, affice bldg , etc )
		21 I certify that (I) (this hospital) attended the deceased fram.	
			ath accurred at 1, 1M, from the causes and an the date stated above.
		Leage B Patrick 1 M	D ATTENDING MED DIRECTOR   STAFF   1-19-6 SIGNED
		MANGER B. Patrick Tr. M. D.	22d. ADDRESS 9221 Coles ville Silver Spring NAd.
	23a	30 BLRIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City, town for county) (State)
		BURIAL 1/23/61 FT. LINCOLN CEN	ETERY PRINCE GEO. COUNTY, MARYLAND
	24	TYNERA OFFERE'S PENAPPEREY, INC. STEVER SPRING	
		. In mile de la Cala Fa	nate 45粒 2 5 '61

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremotion, ar removal, and in any event, within 72 haurs after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs. TO HOSPITAL C VR A15 (4) 15M 9/59

death. Page 4"



## MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
,	938 CERTIFICATE OF DEATH (0931
The state of the s	E. COUNTY  D. CITY OR TOWN (if sutside corporate limits)  Will RURAL and five neerest town)  C. LENGTH OF STAY IN 1b  LENGTH OF STAY IN 1b  Wills RURAL and five neerest town)  LENGTH OF STAY IN 1b  Wills RURAL and five neerest town)  LENGTH OF STAY IN 1b  Wills RURAL and five neerest town)
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Wash, 119 to 11 San & Hosp, tal  Wheator  Wheator  Whosp, tal  Lest 1. Date Month Dev Year  (Type or print)  Av thur Lawvence Simpson DEATH Taw 17 19 6/
)	5. SEX  6. COLOR OR RACE 7 MARRIED NEVER MARRIED   B. DATE OF BIRTH  9. AGE (In yeers   If UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Deys   Hours   Min.    100. USUAL OCCUPATION (Give kind of work   done during most of working life, even if refired)  11. FATHER'S NAME  AY THILY L. S. M. SON  SY. EMMA WILLIAMS
/	15 WAS DECEASED EVER IN U.S. ARMED FORCES?  [Yes, no, or unknown) [lifyesgivewerordetesofservice]  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which geve rise to immediate cause (a), stating the underlying  16. SOCIAL SECURITY NO.1 17. INFORMANT  HOSPITAL Records  NECOVOS  INTERVAL BETWEEN ONSET AND DEATH Shows  DUE TO  DUE TO  DUE TO
,	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(=) 19. WAS AUTOPSY PERFORMED?  PERFORMED?  2Do. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of 1em 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Dey, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or fown) (County) (Stete)  While Not While of work   19
	REMOVAL (Specify) Jan 21,196) Couling Hell Suttland Mil

and and

256. REGISTRAR'S SIGNATURE

25a. REC'D BY REGISTRAR

DATE AN 2 3 '61

 death. Page 4 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral or director, page 3 should be detached for use as the burial-trans t permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or remove ford in app. within 72 hours after death. TO HOSPITA 15M 9/60

24 JUNERAL DIRECTOR'S GNATURE

24 hours after

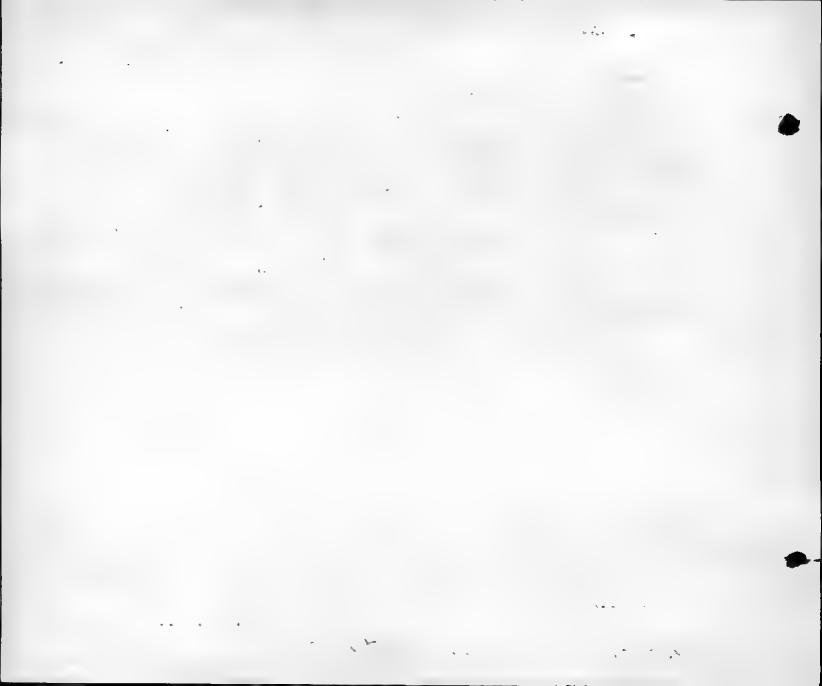
The law requires that the death certificate be executed will

PHYSICIAN:

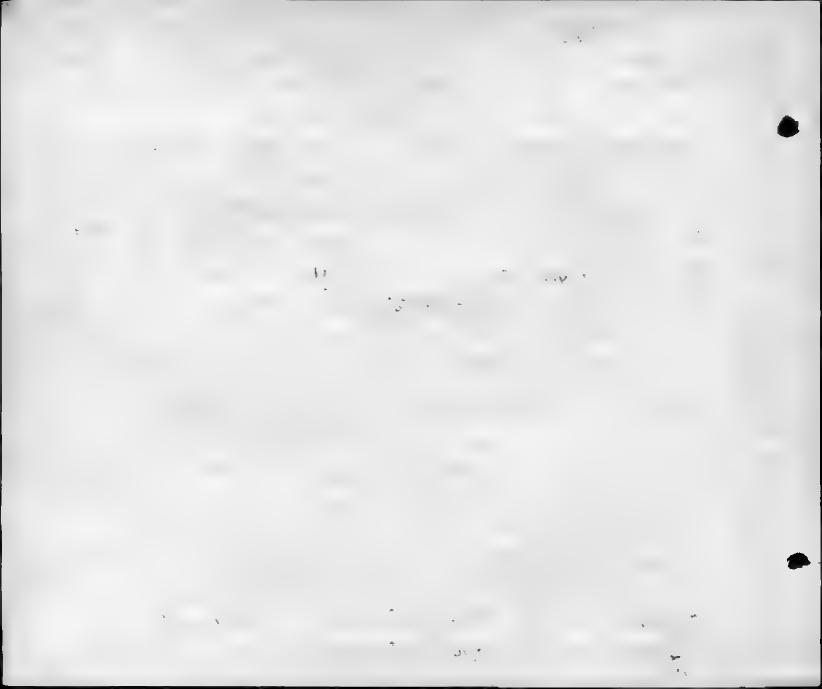
ATTENDING

Q N

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 939 CERTIFICATE OF DEATH director, ded with PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY a. STATE fulled MARYLAND ero b. CITY OR TOWN if outside corporal RURAL and give propest town JENGTH OF STAY IN 16 gutside corporate limits, write RURAL and give nearest town) å pluods fun d. STREET ADDRESS a IS RESIDENCE d NAME OF HOSPITAL (If not in hospital, give street address) ON A FARM? OR INSTITUTION 20 EŞ 🔲 NO 💆 ond .6 4. DATE Year NAME OF Middle filled OF DEATH DECEASED 19 (Type or print) Poges lost birthday) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS COLOR OR RACE 7. MARRIED etely Months Days WIDOWED [ popers. compl USUAL OCCUPATION (Give kind of work done 10b, KIND daying mast af working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? puo 13. FATHER'S NAME 14. MOTHER'S MAIDE physicion Address WAS DECEASED EVER IN U. S. ARMED FORCES 2716, SOCIAL SECURITY NO 17 INFORMANT offending INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, If any, which gove rise to immediate **DUE TO** cause (a), stating the underlying cause last. been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? CERTIFICATION YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of Item 18.) 20a ACCIDENT WAS UNDERLYING [ certificate OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (State) foctory, street, office bldg., etc.) Hour a m While Not while of work of wark p. m 124 20 1961, that (1) (we) last 21 I certify that (I) (this hospital) attended the deceased from. 19 61, and that death accurred at 115M, from the causes and on the date stated above. saw the deceased alive an. noy be retained by the FUNERAL DIRECTOR: 22b, DATE 220 SIGNATURE SIGNED ATTENDING PHYS. MED DIRECTOR STAFF PHYS M.D 22d ADDRESS 22c PHYSICIAN'S plnods O 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown, or county) 23a BUR AL GREMATION 226 DATE THEREOF (State) poge the St REMOVAL (Specify) Cedar Hill Cemeterv Pr. Geo. Co. Maryland 0 25b. REGISTRAR'S SIGNATURE **ADDRESS** 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S S GNATURE DATEJAN 2 3 '61 arthur & Frank 1SM 9/59



AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RE AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institutions Residence before edmission) COUNTY director, Page b. COUNTY b. CITY OR IDWN (if outs descriptore fimits, write RUKAL and give negres) town) f les MARYLAND clumbia c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RuRAL and give neerest town) 6 Takoma av K hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . TS RESIDENCE d. STREET ADDRESS ON A FARM? Washington 3 NAME OF YES NO IC Slate H0501+2 Year DECEASED OF Pe (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In yeers | IF UNDER TYEAR lest birthdey) | Months | Days WIDOWED 🔀 DIVORCED 10a. USUAL OCCUPATION (G va kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Hone during most of working life, even if retired) pages EATHER'S NAME MOTHER & MAIDEN NAME 13. ammerly 15. WAS DECEASED EVER IN U.S. ALMED FORCES? SOCIAL SECURITY NO. | 17. INFORMAN (Year no. or unkown) ! (if yes give war or detes of service) Office along with None 18. CAUSE OF DEATH [Enter only one cause INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (e) removal, pove rise to immediate couse 60 **DUE TO** (a), sleting the underlying 200 Examiner cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110 19. WAS AUTOPSY PERFORMED? should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to hurtal NO I 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of Item 18.) PRIMARY () or CONTRIBUTING [] , 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED (County) (Stata) factory, streat, office bldg., atc.) Not While at work at work 8100 Hammed Inspection 20 Inquiry y 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Accident X Homicide Undetermined manner death resulted from: Natural causes Suicide CHIEF MEDICAL EXAMINER T ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S NAME (Type) Address (Streat, city, town, or county) A should O FUN 220. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 2017 24a. REC'D BY REGISTRAR I 27b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 41 MEDICAL EXAMINER'S CERTIFICATE OF HEALTH DEPT. I. PLACE OF DEATH Page a. COUNTY m. STATE 88, MARYLAND irector, F your file b. C.TY OR TOWN (if outs de aproporale imils. E. LENGTH OF STAY IN 16 Ö d. STREET ADDRESS ö n hospital, giva straat ddress) d. NAME OF HOSPITAL OR INSTITUTION (If not funora 87 retained he State B DATE DECEASED OF (Type or print) DEATH 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED may 2 wit age 5 may 1 end 2 wi 72 hours DIVORCED WIDOWED SUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY Page dong guring most of working life, even if retired Pages pages 13. FATHER'S NAME P.M.3. 14. MOTHER'S MAIDEN NAME Give 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Æ. (Yas, no, or unkown) [[fyesqivewerordatasofsarvica] with 18. CAUSE OF DEATH [Enter only one cause per tine for (a), (b), and (c).] l-transit p PART I. DEATH WAS CAUSED BY: pencil IMMEDIATE CAUSE (a) Office burial-t DUE TO certificate should Conditions, if any, which (b) gava rise to immadiata causa (ID) **DUE TO** (a), stanng the underlying Examiner 83 cause last. pesn cremation, CERTIFICATION ĝ, Medical plnous 20a. EXTERNAL CALSE WAS PRIMARY OF CONTRIBUTING EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 956 factory, street, office bldg., etc.) 0 While Not While Hour e.m. to the COR: Pa at work al work ease execute the certificate, should be forwarded to the 21 I certify that I took charge of the remains described above, held an Autopsy | |. Inspection 🕊 5 Ö EDICAL should be forwarded FUNERAL DIRECT Natural causes X death resulted from. Accident Suicide Homicide | CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE. DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S nant NAME (Type) 9569 22a. BURIAL CREMATION 40 9 O ቕ 24a. RECO BY REG STRAR VS. A15ME 5M 7/59

2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admiss to **b.** COUNTY c. CITY OR TOWN ( Foursida corporare lim is, write RURAL and give neavest town) IS RESIDENCE ON A FARM? YES NOW Month Day 196 0 9. AGE Un Jan HE UNDER 1 YEAR IF UNDER 24 HRS. last birth/day) Months Days 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH sentaken PART II. OTHER SIGNIFICANT COND. TONS CONTRIBLT NO TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.61 19, WAS AUTOPSY PERFORMED? NO DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part I of Stam 18.) 20d, INJURY OCCURRED : 20e, PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete) Inquiry 😾 and in my opinion Undetermined manner ASSISTANT MEDICAL EXAMINER DATE SIGNED Address (Street, city, lown, or county) (State) arthur S. Horaus

MARYLAND STATE DEPARTMENT OF HEALTH



IS RESIDENCE

ON A FARM

Year

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

( )

PERFORMED?

YES NO Z

22b, DATE SIGNED

(Stote)

YES NO

16

burial,

0

VR A15 (4) 15M 9/59

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1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND MONTCOMERY MARYLAND MONTGOMERY CITY OR TOWN (If outside corporate limits, write c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) SILVER SPRING hrs. BETHESDA d NAME OF HOSPITAL (if not in hospital, give street address) d STREET ADDRESS OR INSTITUTION 9914 Indi an Spring L ane SUBURBAN NAME OF First Middle 4. DATE DECEASED R. Jan. HOWA RD DEATH (Type or print) IF UNDER 3 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) 76 yrs Months Days 12/19/84 WIDOWED | DIVORCED [ Wh ite Mala 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY ) 1, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life even if retired) U.S. Gov't. Pennsylvania U/S.A. Retired 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jackson Staker Mary unknown IS. WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO 12 INFORMANT Address XXX Ves Wife - Jennifer same as above 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (d) DUE TO Conditions if any, which gave rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART IS, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port II of item 1B) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 20e, PLACE OF INJURY (Home, form, 120f, (City or lown) Doy, Year 20d. INJURY OCCURRED (County) factory, street affice bidg etc.) Hour o.m. Wh le Not while of work at work 21. I certify that (1) (this haspital) attended the deceased fram.\_\_\_\_\_\_

and that death accurred at ADM, from the causes and an the date stated above saw the deceased alive an 22a SIGNATUR M.D DIRECTOR T 22c. PHYSICIÁN'S 22d. ADDRESS

BURIAL CREMATION, 235 DATE THEREOF 230 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, lown, or county) (Stote) REMOVA CHARLES EVANS CEMETERY READING. PENNSYLVANIA 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

SILVER SPRING, MD.

NAME (Type)

DATE JAN 2 5 161

9006 Colesville Rd...

Silver Spring, Md



VR A15 (4) 15M 9/59

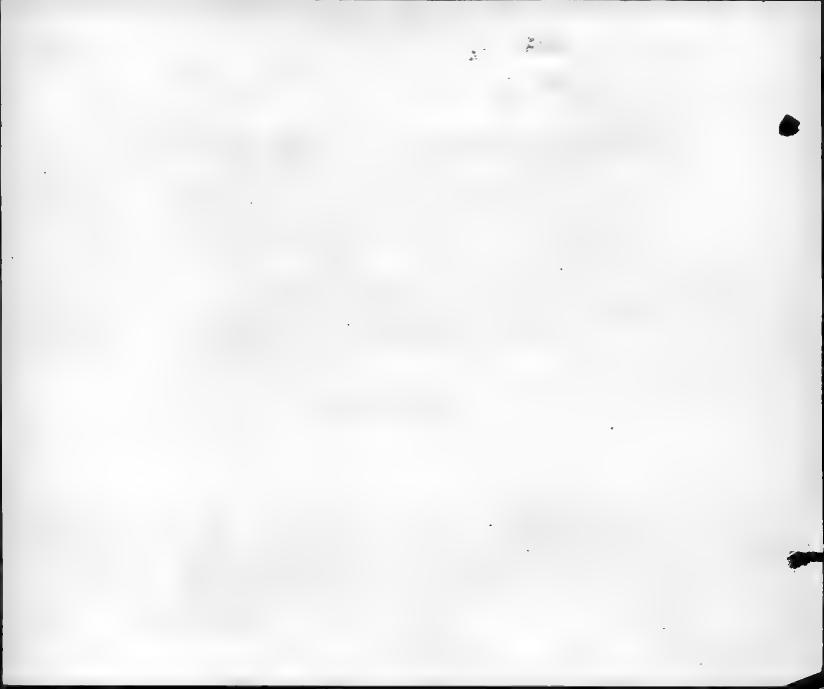
MARYLAND	STATE	DEPARTMEN	T	OF	HEA	<b>ALT</b>	ŀ
OAL OF CTATIONICAL	DECEMBELL	ANIO DECORDE	100		OOF.		

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND **CERTIFICATE OF DEATH** 943

	943 CERTIFICATE OF DEATH	00956
	1. PLACE OF DEATH O. COUNTY  MARYLAND  2 USUAL RESIDENCE (Where deceased lived. If institution Residence of STATE b. COUNTY)  MARYLAND	e before admission)
	b CITY OR TOWN (If outside corporate limits finite RURAL and git RURAL and give negrest lewn)  (Interpretation)  (Interp	41,
)	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Prove Foundation 911 R. Hentiquese St. N. Ce	IS RESIDENCE ON A FARM? YES NO
	3 NAME OF DECEASED (Type or print) Lucy D: Stoner DEATH Jan.	27 1961
	A WANKIED   MEASURE WANKIED	Days Hours Min
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  Tile (Peak vet)  U.S. Gov. alexanderia Va.	S O
1	13. FATHER'S NAME TURKNEWN 6/12abeth De Voug C	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (19th year give war or dates of service) 16. SOCIAL SECURITY NO 17 INFORMANT Address Address St. Fall Recards	
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)  Conditions, if any, which gove rise to immediate (b)	INTERVAL SETWEEN ONSEL AND DEATH
	Couse (a), stoting the under   OUE TO     lying couse last.   (c)	
	PART II. OTHERS GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART  200 ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUT	PERFORMED?
	Hour o. m.  P. m.  While Not while of work at work foctory, street, office bldg., etc.)	ounty) (State)
	sow the deceased office on. 1926 and the deceased fram. 2-22- 1966, to 2-27- 1966 sow the deceased office on. 1926 and that death occurred at 72-M, from the couses and on the	L. that (I) (we) lost dote stated above.
	220 SIGNATURE ATTENDING MED DIRECTOR STAFF 1 2	22b DATE SIGNED
	22c PHYSICIAN'S NAME (Type) C. H. L. CON 22d. ADDRESS South Soring	, hid.
	23a BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (CITY town, or county)	Md (State)
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ALL DE SEC'D BY REGISTRAR 250. REGISTRAR'S SIG	INATURE

arthur & Krous

DATE AN 3 D'61



11-2				-								
Ī	PLACE OF DEATH				- 11	USUAL RESIDENCE	(Where decea		enstitution	Residence l	pefore adm	55 077)
	Mo	ntgomery		MARY	LAND		vland	D. (	JOBINIT	Montg	omer	y
	b. CITY OR TOWN (II RURAL and give ne	fourside corporate limi	ts, write	c. LENGTH OF STAY	IN 16	CITY OR TOWN	(If outside corp	parate limits	, write RUI	RAL and give	nearest tov	vn)
	Bethes					√ > Beti	hesda					
4	d NAME OF HOSPIT	A. (If not in hospito, g	ive street	oddress)		d. STREET ADDRES	iS					SIDENCE A FARM?
	Subur	ban Hospi	tal			56	06 Son	oma_	Road			NO 1
3	B. NAME OF DECEASED	For	st	Middle		Last	4 DATE		- Month		Day	Year
1	(Type or print)	Ralph		Waldo	Sti	rawbridge	e OF	H JA	7N.	20	6	1960/
9	SEX .	6 COLOR OR RACE	7. MARI	RIED TO NEVER MARRIE	D 🗆 🗎 8 (	ATE OF BIRTH		9 AGE		FUNDER 1 Y		
١	Male	White	WIDOW	W- VIII	1 77-	ıne 29,18	376	84	yrs.	M°6h1 27	ys Hours	Min
1	On USUAL OCCUPAT C	N (Give kind of work	done 10b.			11 BIRTHPLACE (S	itate or foreign	country)			OF WHAT	COUNTRY?
Т	Principal*	high school	31   F	Public Scho	ols	Pennsyl	lvania			US	A	
1	3. FATHER'S NAME					4. MOTHER'S MAID	EN NAME					
	Joseph N	eilson Stra	awbr	idge		Elizabet	h Dunc	an				
) 1	5. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	17 INFO	RMANT			Addre	55		
1	(Yes, no, or unknown) (	(If yes, give wor or dotes of s	Brvice)	None	Mrs	. Jennie 1	R. Stra	wbrid	ge-Sa	ame It	tem#	2-Wif
r			- management of	ne for (o), (b), and (c).]		1-				1,	INTERVAL E	DEATH
ı	PART I. DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (o	Pu	CLMONA,	Kar Jan	EDE	MA				47	11/5
	420.0	DUE TO						_				-
	Conditions, if or	ny, which }	M	YNEAR.U	1191	· DEC	0141	EN	SAT	IMA	10	DEFY
	gove rise to it couse (a), stating		1				. /		2			
	lying cause last.	(c	-AK	TERIO SC	C. L. E	ROTIC	_/12	ART	Mi	CASE	A	
	PART II. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE T	ERMINAL DISE	ASE CONDIT	ION GIVE	N IN PART 1		ORMED?
	SIL BROKE	VCHIAL	115	THMA	(2/	ARCINO	3171 -	13	- 6	Lener	YES [	
	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OF	CCURRED (	Enter nature of injur	y in Part I ar P	ort II of elec	n 18)			
- 1												
	20c. TIME OF INJUR Hour o. m.	Y Month, Day, Ye	or 20d I While	NJURY OCCURRED Not while	20e PLACE foctor	OF INJURY (Home, y, street, office bldg.	form, 20f (C	ity or town)		(Cou	nty)	(Stote)
	₽. m.	19	at war								_	
	21, I certify tha	t (I) (Mais-hospital	) attend	ded the deceased	from	950	190	1-	26	, 1961	, that (I)	(ma) last
	saw the deceas		- 2	3 1961, and	that dec	th accurred of	2.1. A	n The car	uses and	an the d		
	220. SIGNATURE		1				_				_ / 2	26. DATE
	1082	woole	10	real	M.c	ATTENDING PHYS	MED DIRECTOR [	STAFF PHYS		1-	46-	
	22c PHYSIC AN'S	AMES	W	Long	7	22d ADDRESS	601	14117	E ps	J= 1	3	RA
=	23a BURIAL, CREMATIO	NI 235 DATE THEORY	) F	23c NAME OF CEME	TERV OF	PEMATORY	224 100	ATION (C.1	y Joseph of	co.untu)	/	010)
1	REMOVAL (Specify)		961	Center C						Penns	* * *	*
	Burial 24. FUNERAL DIRECTOR		701	ADDRESS			REC'D BY REG	-		RAR'S SIGN.	<u> </u>	
- Jan			-Beth	nesda. Mar	cyland		JAN 3 C			"-n & 1	2.4	
		J			W	VAID	The second second		The same of the sa			

may be retained by the haspital or attending physician

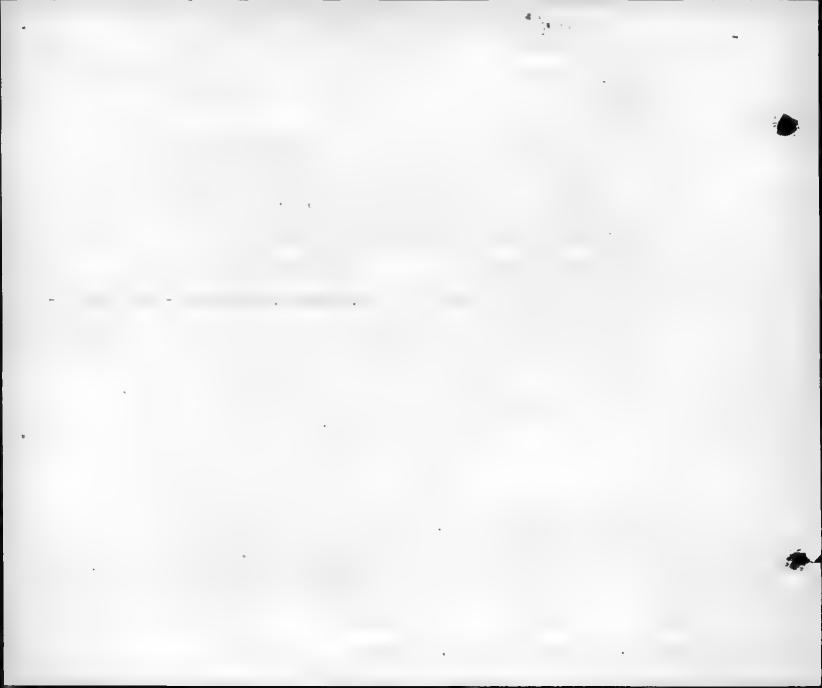
TO FUDE retained by the haspital or attending physician

TO FUDE retained by the haspital or attending physician

TO FUDE STATE DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the functal dress page 3 shauld be detached for use as the burial-transit permit. The please remayer corbon papers. Pages 1 and 2 shauld be the filter for use as the burial, cremation, or remayal, and in any event, with n 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITAL CA

death Page 4 director,

VR A15 (4) 15M 9/59



CERTIFICATE OF DEATH Rea. Dist. No. eral director, be filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived - If institution. Residence before admission) a COUNTY Maryland **b. COUNTY** MARYLAND Montgomery b. CITY OR TOWN (If outside corporate limits, write) CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) by me and 2 should be Wheaton Wheaton d. NAME OF HOSP TAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION ON A FAPM? 2813. Hardy Ave Hardy Avenue YES NO KO puc . 5 NAME OF Middle 4. DATE Month Day filled 1 WOOD EUGENF (Type or print) aunin DEATH 1961 7 MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years loss birthday) Months WIDOWED [7] DIVORCED [7] YES 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12 CITIZEN OF WHAT COUNTRY? Mail Carrier Post Office Pennsylvania S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ida (unknown Samuel Stump 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Yes Marguerite.E. Stump 2813. Hardy 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (c) au knows **DUE TO** gove rise to immediate **DUE TO** couse (o), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 19. WAS AUTOPSY PERFORMED? YES NO IT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (Stote) Hour o m. factory, street, office bldg., etc.) While Not while of work of work p. m 21. I certify that I oftended the deceased from ... 1964 that I lost sow the deceased and that death occurred at 8 00 A.M. from the couses and on the date stated above. ADDRESS (Street, city or town, state) DIRECT ACTUAL prior SIGNATURE shauld PHYSICIAN'S NAME (Type TO FUNER 22d COCATION (Cry town, or county) BURIAL CREMATION. 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY egod (Stote) 1.16.1961 Hill Cemetery Cedar Suitland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246 REC'D BY REGISTRAR **24b. REGISTRAR'S SIGNATURE** VS A15 (4) 300.4th.st N E. Wash. Lee Funeral Home DATE | AN 1 3 '61 Circling & Kraus 15M 10/57

death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



4	946 CERTIFICATE OF DEATH Reg. Dist. N	lo. (((QQ3)
director	1, PLACE OF DEATH  o. COUNTY  O. STATE  O. STATE  D. COUNTY  MARYLAND  1, PLACE OF DEATH  o. COUNTY  MARYLAND  O. STATE  D. COUNTY	(fore admission)
funeral death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give rearest fown)  ALLAND  C. CITY OR TOWN (If outside corporate limits, write RURAL and give rearest fown)  LOSHINGTON	nearest fown)
0 60 25 F	d. NAME OF HOSPITAL (If not in halpitol, give street oddress), OR INSTITUTION NURSING HOME 5301- N. H. AVE N.W.	o, is residence on a farm? yes \( \) no \( \)
n 24 ha Filled in Jes 1 an	(Type or print) MAX DYKES OF DEATH JAN. 2	Day Year 3 1961
d within	5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years light birthday) Months Days  MALE White widowed Divorced 12-30-1876 94 yrs.	AR IF UNDER 24 HRS.  Haves Min.
execute cam na pape death.	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country)  TALOR  12 CITIZEN  USSIA	S . H
icion or safer	13 FATHER'S NAME  TERMAN SYKES  14. MOTHER'S MAIDEN NAME  UNKNOWN	
ng phys remov 72 hour	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (You no archange) (If you, give wor or done of service) 577.05.5463 A 5465-5301-N.H.	4/2. N.C.
attendin n pleax	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c) ]  PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) C.EREBRAL THROMBOSIS	NTERVAL BETWEEN NSET AND DEATH
by the it. The	Conditions, if ony, which By ARTERIOSCLEROSIS	WDET
oguires or signed sit perm	gove rise to immediate couse (o), stating the <u>under-lying couse lost.</u> DUE TO  (c)	
physicions been confirmed from covering	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(0) TO MORE OF URINARY BLADDER, NON-FUNCTIONING LT, KIDNEY	19 WAS AUTOPSY PERFORMED? YES NO 12
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PHYSICI is certiuse as use as	20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Hour o. m. While Not while of work of wark of wark	(State)
DING I haspite After II hed far rial, cre	21. I certify that I attended the deceased from MAY, 1955, to JAN Z3, 1961, that I last alive an JAN, ZZ, 1961, and that death accurred at 2:00AM, from the causes and an the course of	
ATTEN by the CTOR: e detacl w to bu	ACTUAL SIGNATURE LA LA LA LA LA MADRESS (Street, city or town, stole)  ACTUAL SIGNATURE AND STOLENCOD DR BETHESB	DATE SIGNED
FAL CALLED AL DIRE	PHYSICIAN'S BENJAMIN P. LAFSKY	AD.
HOSPIT MAY BE TONER. Page 3 st	220 BURIAL CREMATION, 226 DATE THEREOF 22c MAME OF CEMETRRY OR CREMATORY 22d. LOCATION-(City town, or county) REMOVAL (Specify)  12d. LOCATION-(City town, or county)	(State)
VS A15 (4)	27 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRES	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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TOY be reloined by the FUNERAL DIRECTOR:

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IS RESIDENCE ON A FARM?

YES NO TE

Yeo-

1961

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12 CITIZEN OF WHAT COUNTRY?

Hours

INTERVAL BETWEEN

ONSET AND DEATH

8 hrs

PERFORMED?

YES NO TO

(State)

22b. DATE SIGNED

Days

USA

(Caupty)

1961 that (1) (XX) last

1-12-61

Months

Burial Arlington National 24 FUNERAL DIRECTOR'S SIGNATURE Mattingly Funeral Home, Leonardtown, Md.

Station Hospital, Patuxent River, Md.

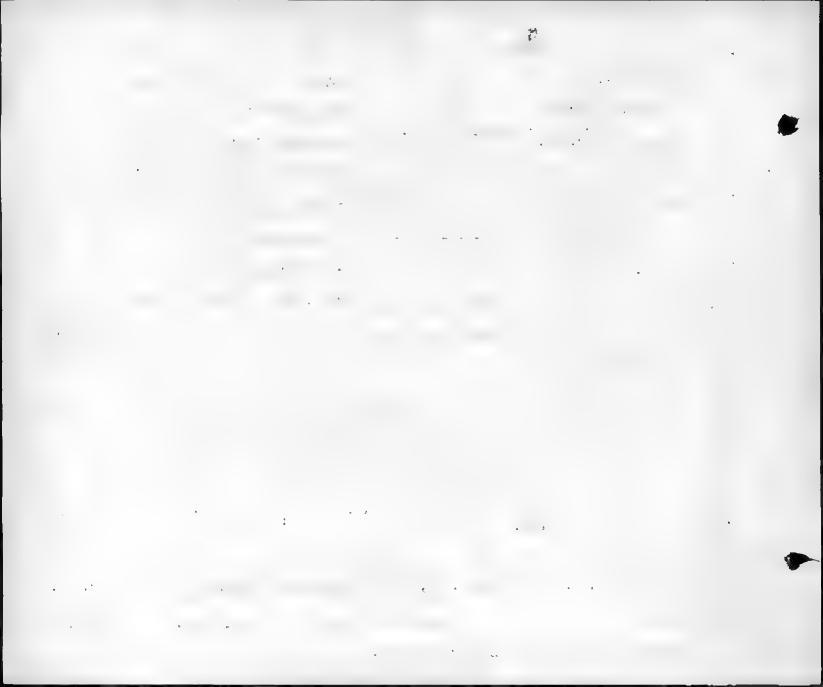
23d LOCATION (City, town, or county)

(State)

Arlington Virginia

250 REC'D BY REGISTRAR | 255 REGISTRAR'S SIGNATURE DATE JAN 1 7 '61 Colling S. Kraus

VR A18 (4) 15M 9/59



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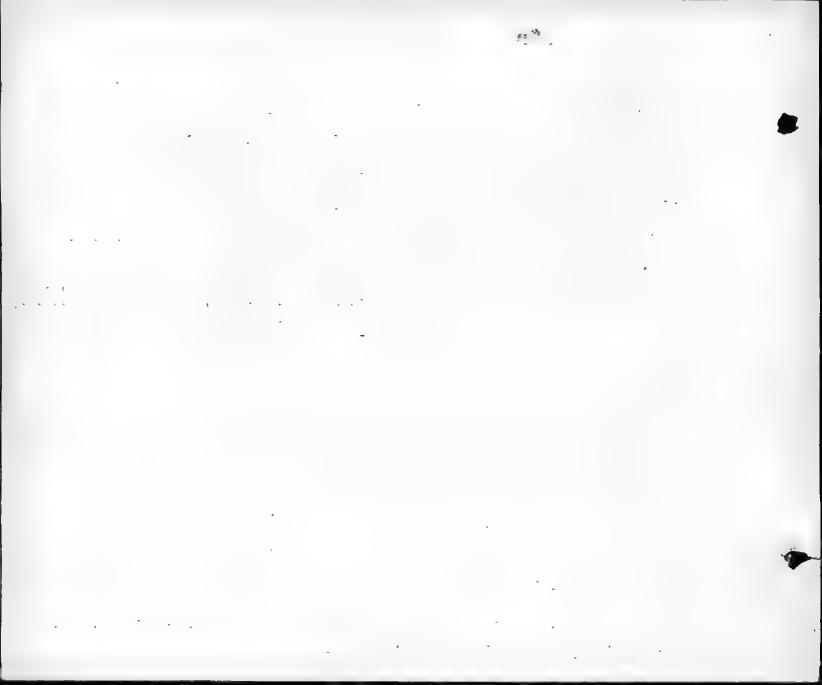
0.10				CERTIFICATE OF BEATT						Reg. Dist. No.						
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	OR INSTITUTION	AL (If not in hospitol, g NURSING H		address)		9	d. STREET .		ST.,E	AST OCEAN	V VIE	N .	e. IS RESI ON A YES	FARM		
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	SEX FEMALE	6. COLOR OR RACE WHITE	7 MARR	DIVORCE			ATE OF BIRT	н . 1885		9. AGE (In years lost birthdoy) 75 yrs.	Months	Doys Doys	IF UNDER	R 24 Hi Min		
1	during most of worki	N (Give kind of work of ing life, even if retired)		KIND OF BUSINESS O	R INDÚ		V	IRGINI	A	country)		. S.	A.	DUNTR		
	FATHER'S NAME UNKNOWN AN	DREWS				14		S MAIDEN N								
		IN U. S. ARMED FOR		SOCIAL SECURITY NO			MANT HELI	EN E.	JOHNS	ON. 7414			TON, I			
	PART I, DEAT	TH [Enter only one col I'H WAS CAUSED BY. IMMEDIATE CAUSE (o)	(	ne for (o), (b), and (c)	ا . <u>ب ر</u>	بو'	<u></u>	ec O	رح	14			ERVAL BET			
	Conditions, if an gove rise to in cause (o), stating t	mediote (								4						
5	lying couse lost.	ER SIGNIFICANT CON		CONTRIBUTING TO DE	Á <u>TH</u> BUT	I NOT	RELATED TO	O THE TERMI	NAL DISEAS	SE CONDITION GIV	EN IN PAI	RT 1(0) 1				
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410		CAUSE OF DEATH MEDICAL EXAMINER)	204 10	NJURY OCCURRED	2Ω≖ PI	ACF	OF INJURY	(Home, form	206 (Cin	ar town		(County)		(Sto		
100	Hour o, m, p. m.	19	While	Not while				e bldg , etc.		y di lown)		COUNTY)		ţaio		
	21. I certify the alive an	at I attended the	1		death		_, 19_6 curred at	1250		the causes an itreet city or town.	d an th		stated			
	NOTING THE STATE OF	A Y - 3	and the same of th	-		14115		2 6 30	7	A/				A		

SILVER SPRING, MD.

DATE JAN 1 1 '61

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH



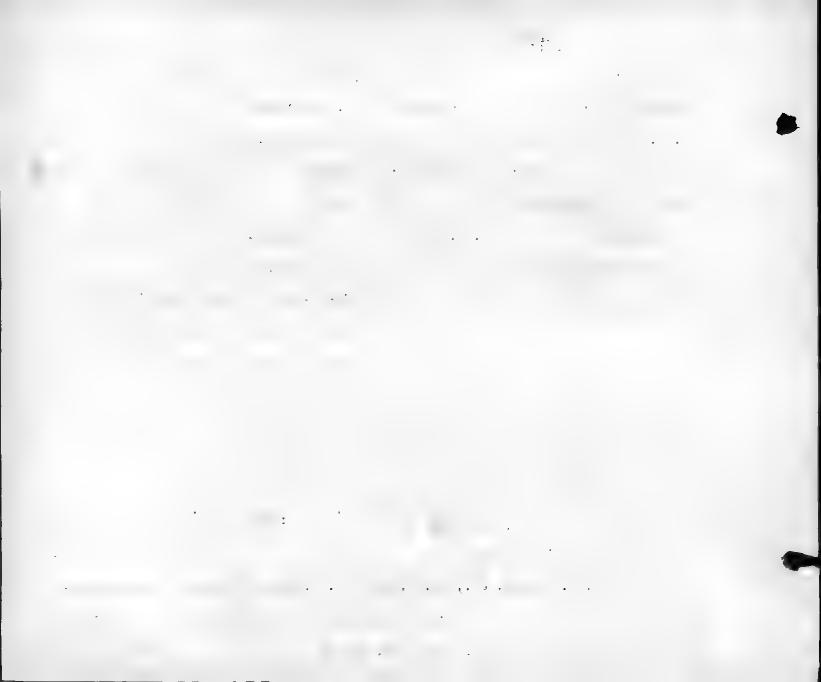
## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 950

2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) PLACE OF DEATH a COUNTY o STATE **b.** COUNTY MARYLAND Florida Montgomery b, CtTY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) days St. Petersburg Bethesda (Rural e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS ON A FARM? OR INSTITUTION U. S. Naval Hospital 5327 5th Ave. N YES 📋 NO+ 4. DATE NAME OF First Middle Last Month Yeor Doy OF. DECEASED DEATH Clifford VAUGHN 1.0 19 (Type or print) Henry January IF UNDER 1 YEAR IF UNDER 24 HRS. 9 AGE (In years B DATE OF BIRTH S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) Months Days Min Hours Male DIVORCED I 69 Caucasian WIDOWED | 12. CITIZEN OF WHAT COUNTRY? 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) U. S. Navy Illinois USA Musician 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Katherine KNOX Charles Giles VAUGHN 17 INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO #2 above WWI & II Mrs. Blanche Vaughn. same as Yes None INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] ONSET AND DEATH PART I, DEATH WAS CAUSED BY PVP. Grail IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the under-Iving couse tost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY RCATION PERFORMED? YES NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH 20e PLACE OF INJURY (Hame, form, 20f. (City or town) 20c TIME OF INJURY Month. Day Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) MEDI Hour a.m. While Nat while 19 ot work of work p. m. 1960, to Jan. 10 , 1961, that (we) last 55kM, from the causes and an the date stated above. ., 19.61, that 1() (we) last 21. 1 certify that (1) (this haspital) attended the deceased from. Nov... 19.60 and that death occurred at saw the deceased alive an Jan. -1022b DATE 226 SIGNATURE -61 STAFF PHYS X ATTENDING DIRECTOR [ M.D. PHYS 22c PHYSICIAN'S 22d, ADDRESS NAME (Type) LT,MC,USN U. S. Naval Hospital, Bethesda, HIGHLY. JR. 23a BURIAL, CREMATION. 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City town, or county) (State) REMOVAL (Specify) 1-16-61 Arlington Virginia Arlington National 24 PUMERAL DIRECTOR'S SIGNATURE **ADDRESS** 250. RECIDIBY REGISTRAR 256 REGISTRAR'S S GNATURE Turilia DATE

4th & Mass. Aves., NW. WashDC

£.3 director death. Page filed erol 8 should the t 15 P be exeguted within 24 hours TO 2, 6 **P** death Pages 逗 completely f puo pau physician ij ġ. death certificate remave ottending edse ā the state puo à removal, permit has been signed physician. **burial-transit** cremation, PHYSICIAN: The ar attending certificate †e 10 b After this ğ detoch≣d FUNERAL DIRECTOR: Af page 3 show die America Board poge the St 9 VR A15 (4) 15M 9/59

Home.



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death Page 4

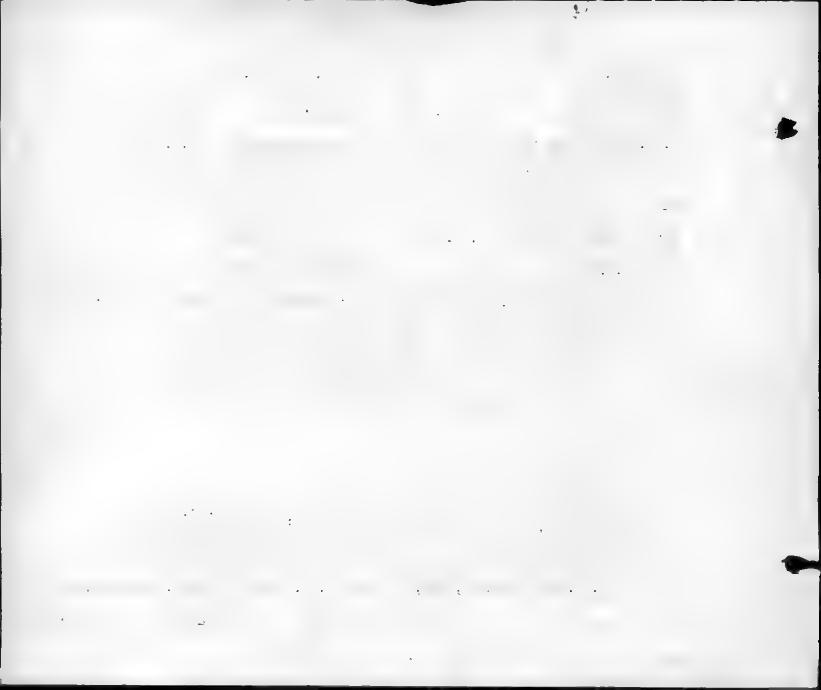
ATTENDING PHYSICIAN: The lam requires that the death certificate be executed within 24 haurs

TO HOSPITAL

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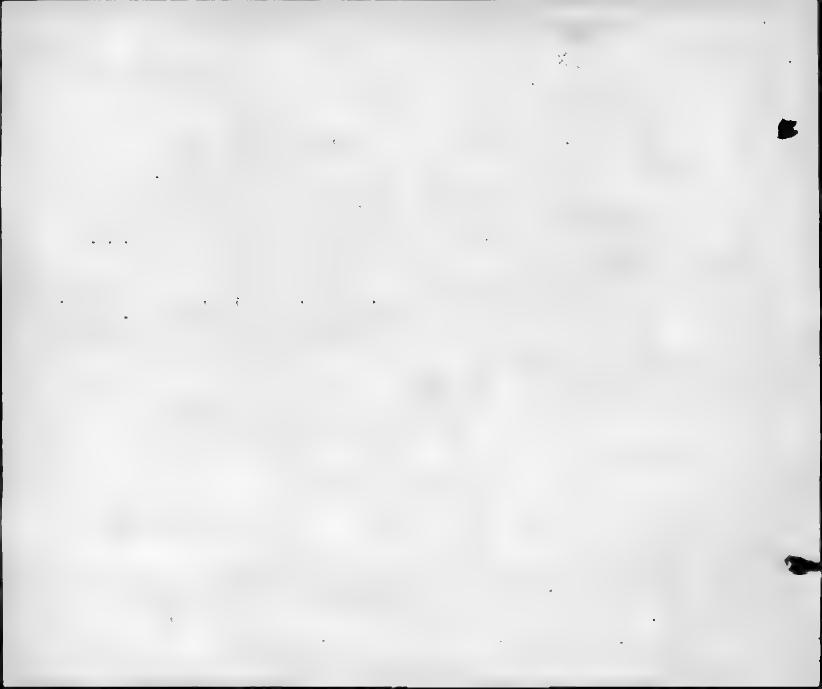
NUL,				
PLACE OF DEATH O. COUNTY Montgomery	MARYLAND	2 USUAL RESIDENCE (WHO O. STATE District of	nere deceased lived If institution b. COUNTY	on Residence before admission
b CTY OR TOWN (If autored carporate limits, write RURAL and give nearest lawn)	c LENGTH OF STAY IN 16		outside corporate limits, write RL	URAL and give nearest tawn)
Bethesda (Rural) d. NAME OF HOSPITAL (If not in hospital, give street	7 days	d. STREET ADDRESS		B IS RESIDENCE ON A FARM?
U. S. Naval Hospital	,	1400 Fairmo	umt Ct N W	ON A FARM? YES □ NO 🔀
3. NAME OF First	Middle	Last	4. DATE Mont	
(Type or print) James	Calvin	VIA	DEATH Janua	(
S SEX 6 COLOR OR RACE 7 MARS	RIED 🔀 NEVER MARRIED 🔲	B DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min
Male Caucasian widow	ED DIVORCED	3-7-29	31 7/3	Months Coys Mich
10a. USUAL OCCUPATION (Give kind of work dane 10b during most of working life, even if setired)		STRY 11 BIRTHPLACE (State	ar fareign country)	12 CITIZEN OF WHAT COUNTRY?
Mariner (Retired)	U. S. Navy		irginia	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
James W. VIA		Mary E. I		
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	occurre secondin the	NFORMANT	Addr	ress
Yes   WWII & Korean 2	35 36 9877 (w	) Mrs. Mary M	I. Via, same as	#2 above
18. CAUSE OF DEATH [Enter only one couse per is	ne far (a), (b), ond (c) ]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (b)	UMATIC HEART	DISEASE INAC	TIVE ; [ MITR.	AL
DUE TO			· ·	
Conditions, if ony, which ) (b) STE.	NOSIS AND INSU.	FFICIENCY; A	ORTIC INSUFF	10 1 ENCY)
gove rise to immediate cause (a), stating the under-		· ·		
lying cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	I NOT RELATED TO THE TERM	inal disease condit on g v	YEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in	Part 1 or Port II of item 18 )	
20c. TIME OF INJURY Manth, Doy, Year 20d. 1 Hour o. m P. m. 19 at war	Nat while fa	ACE OF INJURY (Home, form ictory, street, office bldg., etc		(Caunty) (State)
21 I certify that (\$\oldsymbol{1} (this haspital) attend	ded the deceased fram.	Jan. 18	61 to Jan. 25	, 19.61, that (1) (we) last
saw the deceased alive an Jan. 25	19 <b>61</b> , and that a	death accurred at	M, from the causes an	d on the date stated above.
220 SIGNATURE McClevathan		ATTENDING M	ED STAFF	225 DATE SIGNED
22c. PHYSICIAN'S		22d ADDRESS		
J. E. MC CLENAT	HAN, CDR, MC,	USN U.S. Na	val Hospital,	Bethesda, Md.
23d BUR AL, CREMATION 23b DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY C	OR CREMATORY	23d LOCATION (City, lawn, o	or caunty) (State)
Burial-Shipment 1-27-61	Oakwood C	emetery	Princeton	West Virginia
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC*	D BY REGISTRAR 255. REGIS	STRAR'S SIGNATURE

Chevy Chase Funeral Home, 5103 Wisc. Ave. NW, Wash DCDATE 18N 2 0 '61



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence be Page a. COUNTY b. COUNTY MONTGOMERY lor. Page ir files. a. STATE MONTCOMERY MERVLEND MAKYLAND b. CITY OR TOWN (if outs de corporate I mils, LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING 12 years SILVER SPRING d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) J. STREET ADDRESS . IS RESIDENCE 10.218 COLESVILLE ROAD 10.218 COLESVILLE ROAD ON A FARMI retained he State B YES NOXIX NAME OF 4. DATE Midde Last Month Year DECEASED OF JAN -19 61 (Type or print) JOSEPHINE ESTHER VIPOND DEATH cuted within 24 ne. In them 18. Give pages 1, z.v. with form PM3. Page 5 may be with 71 and 2 with the 72 hours etc. ¥.H 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED 8. DATE OF B.RTH 19. AGE (In yours HE UNDER ) YEAR IF UNDER 24 HRS last birthday) ( Months . 2/10/78 WHITE WIDOWED [ DIVORCED 82 yrs. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. 8.RTHPLACE (State or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Wisconsin U.S.A. Housewife own home 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Joseph Edge Lucinda Gilbert 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) (Ilyesgive war or dates of service) Mr. Louis M. Vipond, 10,218 Colesville Rd. no -Silver Spring, -Md. 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Declusia audde -OZONANI IMMEDIATE CAUSE (a) Office Surial+ DUE TO Conditions, if any, which (b) gave rise to immediate ceuse. DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS ALTOPSY PERFORMED? should be NO K 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Entar nature of injury in Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING CAUSE OF DEATH. Chief 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, † 20f. (City or town) Month, Day, Year (State) lactory, street, ollica bldg., atc.) Hour a.m. Not While at work at work sase execute the certificate, should be forwarded to the FUNERAL DIRECTOR: Inspection 😿. 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry X and in my opinion Natural causes V. death resulted from-Accident , Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 1-31-61 DEPUTY MEDICAL EXAMINER K DEPUTY FRANK J. VBROSCHART NAME (Type) Address (Street, city, town, or county) 226. BUR.AL, CREMATION, 226. DATE THEREOF 222. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, lown, or country) (Ste a) Scales Mound, Illinois 40 6 Cemetery a 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE MICTORPHINDHREY . -INC. SOPESER SPRING. MD. VS. A15ME arthur & Kraus 5M 7/59

ARYLAND STATE DEPARTMENT OF HEALTH



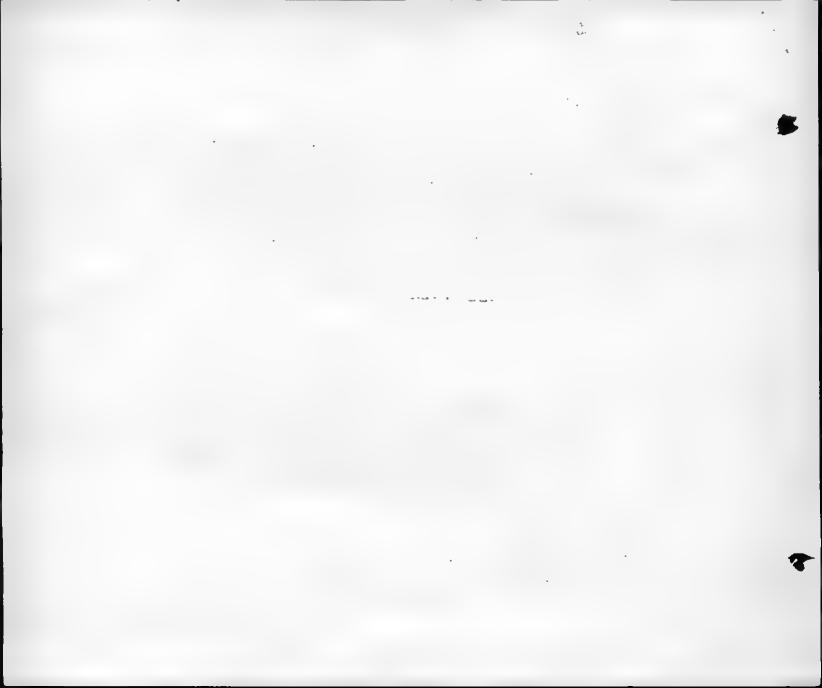
TE INSPITE OF CATEIDERS INVSICIAN: The low requires that the death certificate be executed within 24 hours at death. Page a may be retained by the hospital or aftering physician.

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove capage papers. Pages 1 and 2 should be filed with the State Board of Health prior to buriol, cremation, or removal, and in any event, with 72 boars ofter death.

EM A15 (4) ISM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLANI
CERTIFICATE OF DEATH

	953	CERTIFICA	TE OF DEATH	ORE I, MARTI	.AND	6046
1	PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE (Whe		If institution: Residence	befare admyssion)
	b CITY OR TOWN (If aviside coporate limits, RURAL and give pearest togg)	write chength of STAY IN 16	c. CITY OR JOYUN (If au	tside garparate rim	its write RURAL and giv	e nearest fawn)
	d. NAME OF HOSPITAL (If nat in hospital, give OR INSTITUTION OF UNITED WITH	e street address)	4 29 STREET MOTRESS	Vood	trive	e. IS RESIDENCE ON A FARM? YES NO
- 1	NAME OF DECEASED (Type or print)	fa Ella	Wade	4. DATE OF DEATH	Month Eller,	Day Year 19 6 /
5 5	1 1 1	MARRIED NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH	9. AGE	1 1 1 1 1	YEAR IF UNDER 24 HRS lays Haurs Min
100	during most of workship life, even if retired)	Tetited	STRY 11. BIRTHPLACE (State of	r foreign country)	12 CITIZI	EN OF WHAT COUNTRY?
	Hugues fus	Rollett	14. MOTHER'S MAIDEN NA	AME	***	
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCI		Hine K.	Made	Addies	224 -Word Str
	PART I. DEATH WAS CAUSED BY:   MMEDIATE CAUSE (a)_	e per line for (a), (b), and (c).	hiparetra			INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which gave rise to immediate (b)	Contral I	Lowenton	is		8- ten
7	couse (a), stating the <u>under</u>   DUE TO   lying cause last. (c)	Carefral a	rttranock	erorio	Tion Ohre In 6487	Franklish was AUTOPSY
CERTIFICATION		ITIONS CONTRIBUTING TO DEATH BUT	Henren			PERFORMED? YES NO
	20g ACCIDENT WAS UNDERLYING [ 2] OR CONTRIBUTING [ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ob DESCRIBE HOW INJURY OCCURRED	D, (Enter nature of injury in Po	art 1 or Port If of i	tem 18.)	
MEDICAL	20c TIME OF INJURY Month, Doy, Year Haur a.m. p. m.	20d. INJURY OCCURRED While Not while for at wark   at wark	ACE OF INJURY (Home, form, story, street, office bldg., etc.)	20f (City ar law	(Co	iunty) (State)
	21 I certify that (I) (this haspital) saw the deceased alive an		leath accurred at 6 a	M. from the c	' /	L, that (I) (we) last
	220. SIGNATURE	11/10	M.D ATTENDING ME	-		22b. DATE SIGNED
	22c PHYSICIAN S NAME HYPEL N. J N.		22d ADDRESS ROCKVIII	le, Mar	yland 	
23c	REMOVAL (Specify) 1/17/61	23c. NAME OF CEMETERY O	R CREMATORY	LEACH.	ity, town, or county)	(State)
24	FUNERAL DIRECTOR'S SIGNATURE Tyson Wheeler, Ro	ckville, Maryla		BY REGISTRAR N 1 9 161	256. REGISTRAR'S SIGI	NATUKE



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admiss on) director. Payour files. a. COUNTY a. STATE b. COUNTY MARYLAND 10n6 mon b. CITY OR TOWN (if outside forporete I mits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) kath 0 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE ON A FARM? State YES NO 😿 3. NAME OF Middle DATE Year DECEASED the (Type or print) DEATH 1962 Market with rs aft 6. COLOR OR RACE 7. MARRIED W NEVER MARRIED | 8. DATE OF BIRTH AGE In years HE UNDER I YEAR F JNDER 24 HRS. 2 wit lest dirthdey) 1-20-WIDOWED [ DIVORCED ive Pages 1, 2, and PM3. Page 5 re pages 1 and 2 IDe. USUAL OCCUPATION (Give kind of work 1 30b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 1.12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired 3. FATHER & NAME 14. MOTHER'S MAIDEN NAME mader W. Went FILE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMALT permit. (Yes, no. or unkown) (Ifyerg.vewerordatesofservice) with 18. CAUSE OF DEATH [Enfor only one cause par line for (a), (b) and (c). IIIIIIIIIIVAL BETWEEN I-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office DUE TO burial Conditions, if eny, which (b) gave rise to immediate cause DUE TO g the word "pending f Medical Examiner's should be used as (a), stating the underlying causa last. should be used ial, cremation, PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 39. WAS AUTOPSY PERFORMED? NO 📝 2Dm. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter netura of Injury in Part I or Part II of Jiem 18.) PRIMARY [ ] or CONTRIBUTING [ CAUSE OF DEATH. writing the Chief A Page 3 s fo buria 2Dd INJURY OCCURRED 1 200 PLACE OF INJURY (Homa, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, streat, office bldg., atc.) While Not While Hour a.m. please execute the certificate, write the control of the certification of t at work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 🔀 Inquiry X. and in my opinion Natural causes 🔀 Accident . death resulted from: Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DINUTY Address (Street, city, town, or county) 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) 1961 Q40 p Jan. - 6 Laytonsville Laytonsville ADDRESS 24a. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE VS. A15ME Cilling S. Kroue 5M 7/59

ARYLAND STATE DEPARTMENT OF HEALTH

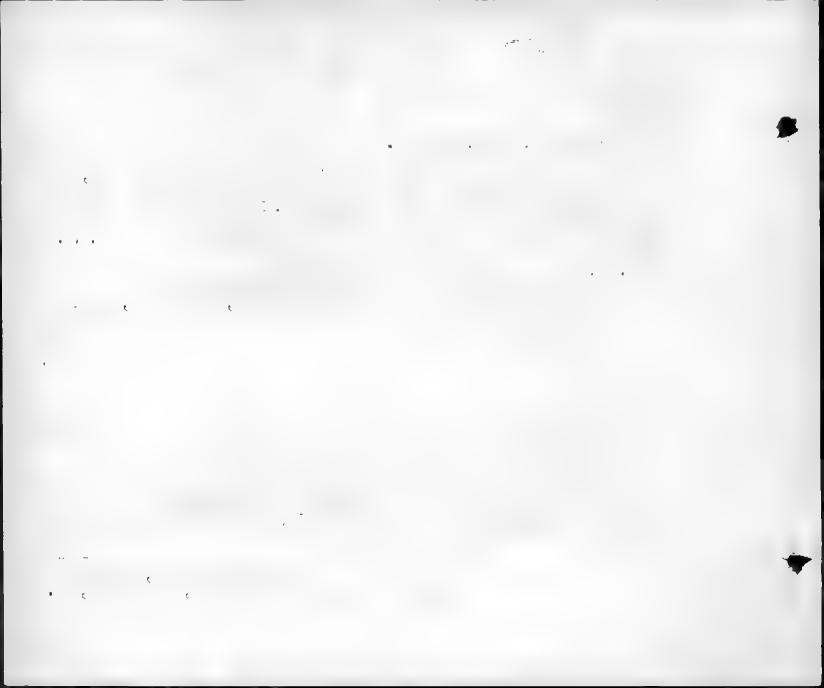


STREET, BALTIMORE 1, MARYLAND

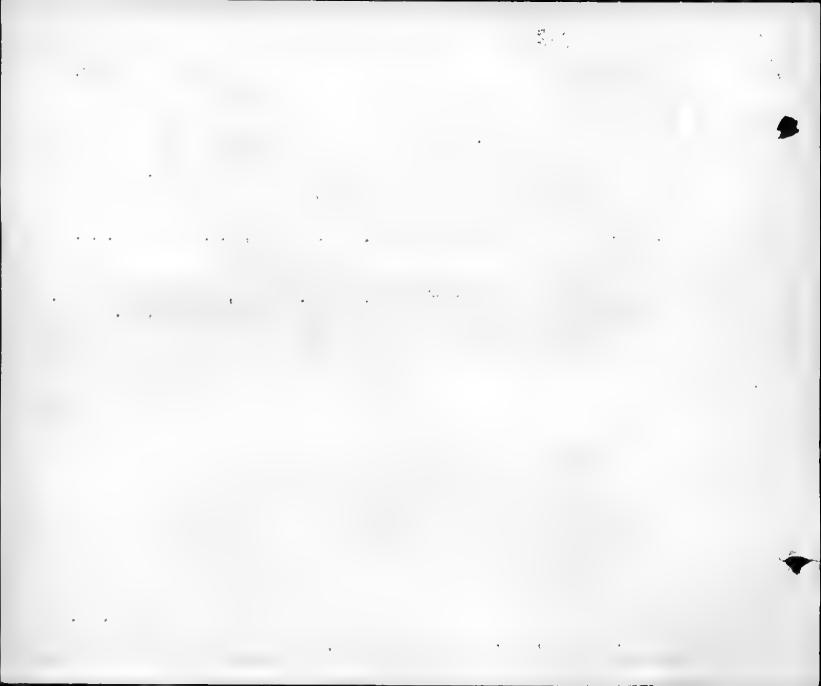
DIVISION OF STATISTICAL RESEARCH

92. au 32.

1	PLACE OF DEATH				I	2 USUAL RESIDENCE (Wh	ere deceased	lived. If instituti	on Residence	e before ad	mission)	
Montgomery				MARYL	AND	a STATE						
	b CTY OR TOWN (If RURAL and give need	is, write	c LENGTH OF STAY IN	4 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) to							
	Bethesda			1 days		Louisville						
	d NAME OF HOSPITA	AL (If not in hospito), g	ive street	oddress)		d. STREET ADDRESS				e IS	RESIDENCE	
		al Center.	Beth	nesda 1h, Mo	l.	648 Eastlay	m	elker		and a second	NO I	
3.	NAME OF DECEASED	Fin		Middle		Last	4. DATE OF	Mon	th	Day	Year	
	(Type or print)	Max	rk	Wayne	3	Weber	DEATH	Jan	URRY	11,	1961	
5.	SEX	6 COLOR OR RACE	7 MARR	IED NEVER MARRIED	1	DATE OF BIRTH		9 AGE (In years lost birthdoy)	Months E			
	Male	White	WIDOWE	DIVORCED		December 24,	1948	12 yrs	Months	Doys Hou	ars Min	
10	USUAL OCCUPATIO	N (Give kind of work o	Jone 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Stote	or fareign co	untry)	12 CITIZ	EN OF WHA	AT COUNTRY	
	Student	ing me, even ir temeo;		None		Colo	orado			U.S.	A .	
13	FATHER'S NAME					14 MOTHER'S MAIDEN N	IAME			-		
	Wayne E. W	eber				Vivian Shea	k.					
15	WAS DECEASED EVER	IN U.S. ARMED FOR		SOCIAL SECURITY NO.	17 IN	FORMANT The Medi	ical Re	scord Add	ress			
	No	. ye., give war or odier or vi		None		e Clinical Co			a 1h.	Maryl	and	
	T	TH [Enter only one co	use per lir	ne for (0), (b), and (c).]						INTERVAL	L BETWEEN	
	PART I. DEATH WAS CAUSED BY: Pneumonitis										day	
	199 5 DIETO											
	Conditions, if only, which   Widespread Carcinomatosis									9	mos.	
	gove rise to immediate DUSTS											
Iying couse lost.												
Z	PART II. OTH			ONTRIBUTING TO DEAT	TH BUT	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	1(o) 19 W	AS AUTOPS	
ATE											RFORMED?	
TIFI(	200. ACCIDENT WAS	S UNDERLYING	20b. DES	CRIBE HOW INJURY OC	CURRED	), (Enter noture of injury in f	Port I or Port	ft of item 18.)				
CER	(IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER										
MEDICAL CERTIFICATION	20c. TIME OF INJURY	Month, Day, Yes	ar 20d. II	NJURY OCCURRED 2		CE OF INJURY (Home, form		or town)	(Co	ounty)	(Stat	
MEDI	Hour o m.	19	While of work	k Ot work	roc	lory, street, office bldg., etc.						
-		N CIV Oblig beginning	Lastand	led the deceased f	1	ecember 28 196	50J.	amuary 1	1 1061	h short /	D. Grant In	
	and the deeper	ed elius es d'an	) anena	11 10 61	Lana	5:20						
	saw the deceased alive an January 11 19 61, and that death accurred a 220 S GNATURE										225 DATE	
	Beling	+ 13th		,	M D ATTENDING   MED DIRECTOR   STAFF   1-11-61							
	226 PHYSICIAN'S	100	-	<del>/</del>	,			al Cente	w. Nat	ional		
	NAME (Type)	BERT B. SC	COGGI	NS, M.D.		Institutes						
23	a BURIAL, CREMATION	N. 235, DAJE THEREC	)F	230 NAME OF CEMET	ERY O			ION (City, town,		و بند	State	
T	REMOVAL (Special)	1/12.	1961	Rost. >	) al	on ( omo	16001	1.000	()()	10	KV	
24	FUNERAL DIRECTOR'S	SIGNATURE	10	ADDRESS 1. ( A	47.	250 RFC'	D BY REGISTI	RAR 25b REG	STRAR'S SIGN	NATURE)	1-1-	
1	4	27"	111	W A	SC							
	V400000	- Head and	4/1	my 1300	14 -	C 17.00. 001	M 1 3 '6		Thur & 1	CLASA		



111	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
A .	957 CERTIFICATE OF DEATH  Reg. Dist. No.
director	1. PLACE OF DEATH  o. COUNTY MONTGOMERY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE MARYLAND  b. COUNTY MONTGOMERY
the pro-	b. CITY OR TOWN (If autside corporate limits write RURAL and give nearest town)  RURAL and give nearest town)  TAKOMA PARK  1 day  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  ROCKVILLE
by the funda 2 should	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION WASHINGTON SAN. & HOSPITAL  d. STREET ADDRESS ON A FARM? YES NO NO
24 hoursteel in	3. NAME OF First Middle Last 4. DATE Manth Day Year OF DECEASED (Type or print) HOWARD WESLEY WHITNEY DEATH JAN. 17 19 61
d within	5. SEX 6. COLOR OR RACE 7 MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 45 yrs   F UNDER 1 YEAR IF UNDER 24 HRS   Months   Days   Hours   Min
ond comp bon poper er death.	10a USUA. OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  during most of working life, even if retired)  Co-owner  Wheaton Glass Co. Washington, D.C.  U.S.A.
# c 5 dd / =	13. FATHER'S NAME
sterior sterio	Wesley Whitney Annie Brown
orth certificate by ding physician ase remove carl in 72 hours off	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18 per wor or dates of services 16. SOCIAL SECURITY NO. 577-03-1155 Mrs. Rose M. Whitney, 4308 Independence St.
ined by the hospital ar attending physician.  DIRECTOR: After this certificate has been signed by the attending by signed by the attending be grian to burial, cremation, ar removal, and in any event with the brian to burial, cremation, ar removal, and in any event with	BE CAUSE OF DEATH   Enter only one couse per line for Tol. (b). and Tol.
O HÖSPITAL may be reto O FUNERAL page 3 shou the registrar	220. BURIAL CREMATION, PENOTAL Specify)  220. DATE THEREOF  BURIAL CREMATION, 22b. DATE THEREOF  CATE OF HEAVEN CEMETERY  22d. LOCATION (C ty. town, or county) (Stoke)  MONTGOMERY COUNTY, MD.
VS A15 (4) 15M 9/58	240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  LAW MOUNT CL. Junka SILVER SPRING, MD. DATE JAN 25'61 Continua & Known



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

958

1 X . 4

2.5

TO HOSPITAL CATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs are death. Page 4 may be reto ned by the hospital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fulled in by the fungral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon pagers. Pages 1 and 2 shall be filled with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs offer death.

VR A15 (4) 15M 9/59

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	VVI										
o. COUNTY	MONTGOMERY		MARYLA		o. STATE	RYLA		d tived If institut b. COUNTY		before admir	
RURAL ond	WN (If outside corporate li give nearest town) LNEY	mits, write c	LENGTH OF STAY IN	16	_	OWN (IF o		rate limits, write 1	RURAL and give	a nearest tow	m}
OR INSTITU	HOSPITAL (IF not in hospital TION  GOMERY GENERA				d STREET A	DDRESS	LAWN L	ANE			SIDENCE A FARM?
3 NAME OF DECEASED		First	Middle	"	Last		4. DATE OF	Mos		Day	Year
(Type or print) S. SEX MALE	6. COLOR OR RAC	,	CALVI  NEVER MARRIED  DIVORCED [	₩ B. D	TILDER ATE OF BIRTH		DEATH	9 AGE (In years lost birthdoy) - yrs	IF UNDER 1	TEAR IF UND	
	UPATION (Give kind of world from the working life, even if refined to the working life, even if the working life, even if refined to the working life, even if the wor		ID OF BUSINESS OR I			MARYL	A ND	ountry)	12 CITIZE	U.S.	
	HOMAS CALVIN EDEVER IN U. S. ARMED FI (If yes, give wor or dates	ORCES? 16 SOC	cial security no	17, INFOR		BEIT			lress LEY MO		
Condition:	DEATH [Enter only one I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE- In it only, which I o immediate toting the under: I lost.	(io) (D1 (b) 125	the let	t p	Her	lal	uli	kohe		ONSET ANI	) DEATH
STATE OF THE STATE	II. OTHER SIGNIFICANT CO	20b. DESCRIB	TRIBUTING TO DEATH						VEN IN PART I	PERF	ALTOPSY ORMED?
OF TIME OF	UTING CAUSE OF DEAT IOTIFY MEDICAL EXAMINET INJURY Month, Doy, o. m. p. m	9	_ Not while		OF INJURY II			y or town)	(Cor	unty)	(State)
	y that (1) (this hospi eceased alive an	tal) attended			h accurred	l ot .	M, from	the causes a	19_4/ nd on the c	date state	
22c PHYS CE NAME (		ifanto	M.D.	M D	ATTENDING PHYS 22d ADDRE	55		y Sprin		rylan	
23a. BURIAL CRE REMOVAL IS DUT	pecify)	1961	Seal	RY OR CI	REMATORY			TION (City, town, tchison	or county)	Md.	ote)
	ector's signature	role,	ADDRESS Laytonsvi		Md.		D BY REGIS		ISTRAR'S SIGN		



VII A15 [4] 15M 9/59

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	95.9		CERTIFIC	ALE OF DE	AIH			0000	160
1 PLACE OF DEATH				a STATE	ENCE (Where decease		on: Residence l	before admiss	sion)
	Montgomer	Y	MARYLAN	ID O. STATE	Maryland	P. COUNTA	Montg	omery	7
b. CITY OR TOWN (II RURAL and give no	outside corporate limi	ts, write	c LENGTH OF STAY IN 1		OWN (If outside corp	porote simils write R	URAL ond give	nearest towr	5)
Chevy Ch	ase			55 c	hevy Cha	sd			
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, g			d STREET AI	ODRESS T			e IS RES	SIDENCE FARM?
	4822 Mor	gan	Drive	4822	Morgan	Drive		YES [	NO TO
3. NAME OF DECEASED	Fir	-	Middle	Losi	4. DATE	Mon		Day	Year
(Type or print)	DURV	4	R.	WILLIAMS	DEAT	0 41			196L
S. SEX	6. COLOR OR RACE	7 MARR	IED 🙀 NEVER MARRIED [	B. DATE OF BIRTH		9 AGE (In years lost birthday)	Months Do		ER 24 HRS
Male	White	WIDOWE			, 1894	66 yrs			
10a USUAL OCCUPATION during most of work	N (Give kind of work a ling life, even if retired	done 10b.	KIND OF BUSINESS OR IN				12 CITIZEN	N OF WHAT C	
Retired					th Carol	ina		<u>u.s.</u>	
13. FATHER'S NAME					MAIDEN NAME				
	G. Willi				elm Belc				
Yes WAS DECEASED EVER	R IN U.S. ARMED FOR If yes, give wor or dates of s WW I	(ervice)	1-12-9996	7 INFORMANT Margare	Wife t G. Wil	liams	-	as It	em 2
1B. CAUSE OF DEA	TH (Enter only one co	use per lir	ne for (a)(b), and (c)		_		1	INTERVAL BE	TWEEN
PART I DEA	TH WAS CAUSED BY:	a	( money	~ 1	IRUMB	44			177
420	DUE TO	100	7						
Conditions, if or	ny, which ) (b	, (	ironum 1	PRTERY	DISER	21 C		10)	1 RN
gove rise to in cause (o), stating	nmediale ( DUE TO			,				-	
lying couse lost.	) (0	)							
PART II. OTH	IER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISE	ASE CONDITION GIV	ZEN IN PART I	(a) 19 WAS	AUTOPSY DRMED?
PART II. OTH									NO 🔀
20g ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)	20b DESC	CRIBE HOW INJURY OCCU	IRRED (Enter noture of	Finjury in Part For P	ort II of item 1B }			
₹ 20c. TIME OF INJUR	Y Month, Doy, Ye	or 20d. II	NJURY OCCURRED 20e	PLACE OF INJURY (F	tome, form, 20f. (C	ity or town)	(Cou	inty)	(State)
20c. TIME OF INJUR Hour o. m. p. m.	19	While of world	k ot work	Tociory, sireer, ornice	biog., etc.)	^			
2) I certify tho	t (I) (this hosput?	() attend	led the deceased fro	m 1/w	12 <u></u> 0_to	Jun .	1961	, that (I) (	(we) lost
saw the deceas		Ein.	B Z Z	at death accurred		7			
220 SIGNATURE	$\mathcal{D} \cap \mathcal{O}$	7		^					B DATE
	u - (	m	My was	M D PHYS.	MED DIRECTOR [	STAFF PHYS		1/2	5/3/
22c. PHYSICIAN'S / NAME (Type)	LEO I	מ	GNOWAN	MO J2/	f- WISC 1	ave Be	THEVE	o A or	73
23a BURIAL, CREMATIO	N, 23b. DATE THEREC	OF .	23c NAME OF CEMETER	RY OR CREMATORY	23d LOC	CATION (City, town,	or county)	(Sto	te)
Burial Burial	2-1-61		Arlington	Nationa	l <sup>C</sup> em.	Arlingto		rgini	a.
24. FUNERAL DIRECTOR'	S SIGNATURE  A. PIIMPE	REY	ADDRESS Rethes	da. Md.	250 REC'D BY REG	STRAR 256 REGI	STRAR'S SIGN	ATURE	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, if Institution, Residence before i director Page or your files. e. COUNTY **b.** COUNTY Maryland Wontgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, C. TENGTH OF STAY IN IL c. CITY OR TOWN ( flouiside corporele limits, write RURAL and give neerest town) ould be executed within 24 hours after death. If any definition perceives the funeral director Office along with form PM3. Page 5 may be retained for your burial-transit permit. Elle pages 1 and 2 with the State Board after moval, and in any even, within 72 hours after death. write RURAL and give nearest town) Kensington hrs Kensington d. NAME PANOSPITAL OR INSTITUTION (if not in hospital give street eddress d STREET ADDRESS e. IS RESIDENCE ON A FARM? 3910 Fawcett St. Hampton St. YES NO TO 3. NAME OF DATE Middle Month DECEASED OF (Type or print) DEATH John Henry Williams Jan. 30 19 61 5. SEX male 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF JNDER 24 HRS.) lest birthday) 1890 WIDOWED DIVORCED Aug. E SOL 10a. JSJAL OCCUPATION (G ve kind of work 10b, KIND OF BUSINESS OR INDUSTRY, 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) laborer TISA 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME John Williams Unknown Several Control 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT Äddress (Yes, no, or unknown) | (If yes give we rordetes of service) Thelma Williams (wife) Item 2 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b., and (c),) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY, Coronary occlusion sudden IMMEDIATE CAUSE (6) DUE TO removal, Conditions, if eny, which "pending" geve rise to immediate couse sase execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's PUNERAL DIRECTOR: Page 3 should be used as a its designated agent, prior to burial, cremation, or remain DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGN FICANT COND, TONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 18 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO K 206. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Intury In Pert I or Pert II of Item 18.) PRIMARY IT or CONTRIBUTING IT EDICAL EXAMINER: CAUSE OF DEATH. 20d, INJURY OCCURRED | 20e, PLACE OF INJURY [Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) fectory, street, office bldg., etc.) While Not While Hour a m. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 129 Inquiry 🔀 and in my opinion Natural causes X Suicide 1 Accident Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 1/31/61 DEPUTY MEDICAL EXAMINER [3] DEPUTY Frank J. Proschart NAME (Type) Address (Street, city, town, or county) 220, BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) REMOVAL (Specify) Furial ኔ Elijah., ₽40 Poole sville, Md. 240. REC'D BY REGISTRAR, 246. REGISTRAR'S SIGNATURE FEB 2 61 Cuthur 2. Thousa 23. FUNERAL DIRECTOR ADDRESS. VS. AISME Snowden Funeral Home, Rockville. Md. 5M 7/59 DATE



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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death Page 4

may be revained by the hospital or otherding physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours ofter death.

ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs

TO HOSPITAL

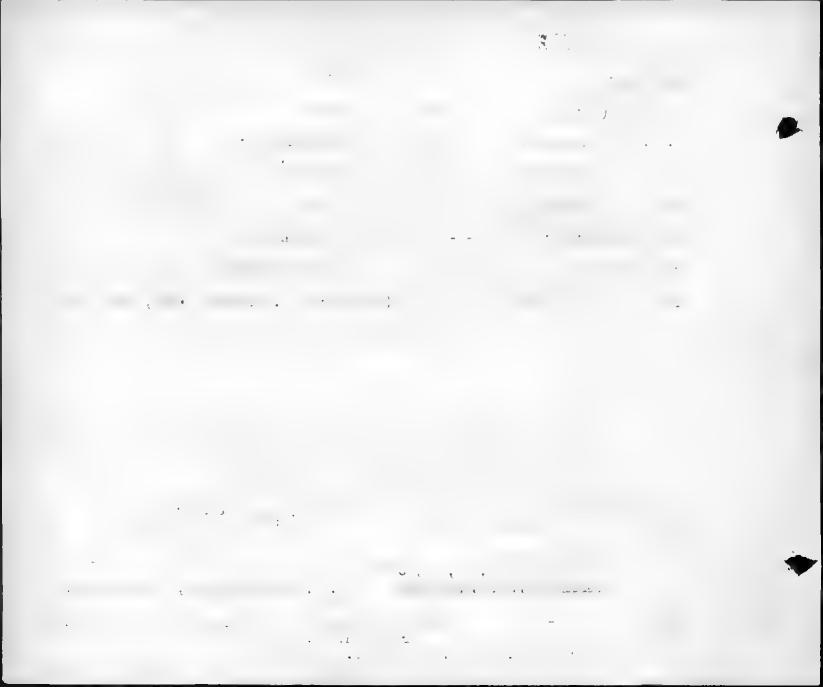
VR A15 (4) 15M 9/59

Arlington Funeral Home, 3901 N. Fairfax Dr.

DATE JAN 9 '6T

The Day S. Thatle

	Montgomery		MARYLAND	2. USUAL RESIDENCE (	Where deceased lives	b COUNTY	n Residence befo	ore admission) (
	CITY OR TOWN (If o		c LENGTH OF STAY IN 16	c. CITY OR TOWN (I	If outside corporate I	limits, write RU	RAL and give ne	agrest town)
	Bethesda (F	(If not in hospital, give street	79 days	d. STREET ADDRESS		d.		e IS RESIDENCE
4	U. S. Naval			6 Bermuda	Court	र न	x - 3	ON A FARM? YES NO
1 3.	NAME OF DECEASED	First	Middle	Lost Sr.	4. DATE	Month	D	ay Year
	(Type or print)	Louis	Boisseau	WITLIAMS		Janu	ary	4 19 61
5. :	SEX 6	COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9 A1	GE (In years I		R IF UNDER 24 HRS
M	ale C	aucasian widow	ED DIVORCED	7-5-95		65 yrs	Months Days	Hours Man.
10a	USUAL OCCUPATION during most of working	(Give kind of work done 10b	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Sto	ote or foreign country	y}	12 CITIZEN O	F WHAT COUNTRY
F	eal Estate			Virgin	ia		US	A
13.	FATHER'S NAME			14 MOTHER'S MAIDEN	NAME			
G	reen WILLIA	MS		Pauline	DENNIS			
		N L S ARMED FORCES? 16.	SOCIAL SECURITY NO 17.	INFORMANT		Addre	164	
Ĺ		210 to 1913 5	64-14-7675	S) Major L. B	. Williams	s, USAF	, same	as #2
AL CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), stoting the lying couse last.	DUE TO  R SIGNIFICANT CONDITIONS  C INPLOS 15  UNDERLYING   206 DES  C AUSE OF DEATH EDICAL EXAMINER	CONTRIBUTING TO DEATH BI	UT NOT RELATED TO THE TER	in Port I or Port II of	ND.TION GIVE	wn)	PERFORMED? YES NO
MEDICAL	Hour o m.	19 While at war	Not while	factory, street, office bldg.,		own	(County	) (Signe
	saw the deceased 220. SIGNATURE 22c PHYS CIANS NAME (Type)	<u>ceed continued</u>	14 19 61, and that	M D ATTENDING 22d ADDRESS U. S, Na	35.PM 3M, from the MED STRECTOR ST	tal, Be	thesda,	1-5-61 Md.
	BURIAL, CREMATION, REMOVAL (Specify) Burial	1-9-61	23c. NAME OF CEMETERY Arlington	National	Arling	gton	V1	(Stote) rginia
24	FUNERAL OFFETOR'S	SIGNATURE TO THE	ADDRESS Arli	agton, Va. 250 RE	C'D BY REGISTRAR	256, REGIST	TRAR'S SIGNATE	JRE .



•	g physician and campletely filled in by the funeral	remave carbon papers. Pages 1 and 2 shauld be	vant within 72 hours after death.
	by the attending	it. Then please	ol, and in any er
may be retained by the haspital ar attending physician.	D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon pagers. Pages 1 and 2 shauld be	the State Board of Health priar to Burial, premation, or remmal, and in any event, within 72 hours after death,
Ě	0	ď	£

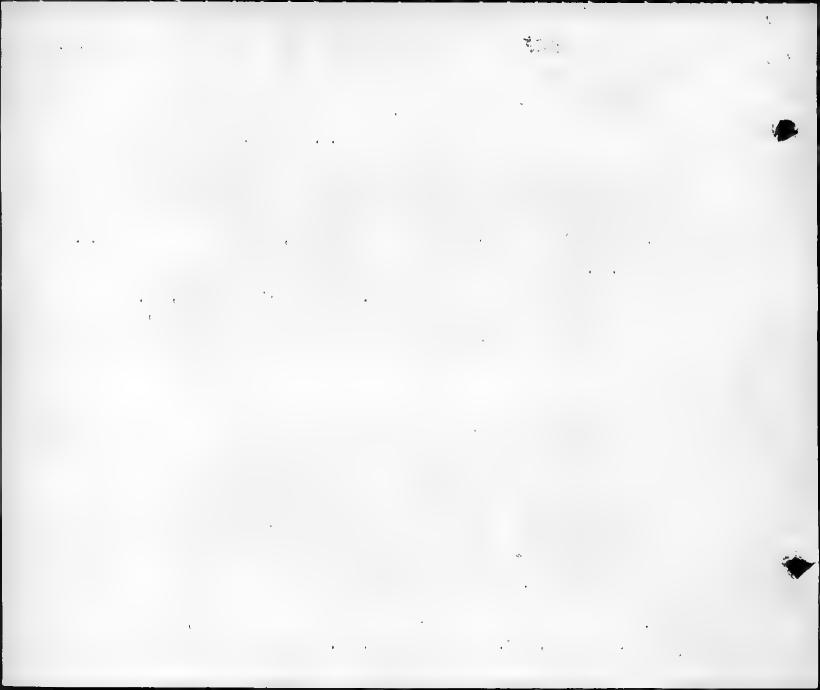
requires that the death certificate be executed within 24 hours

ATTENDING PHYSICIAN: The

director, filed with

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. COUNTY a. STATE **b.** COUNTY MARYLAND TEXAS MONIGOMERY b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING months SHERMAN d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION 403 Waterford Road ON A FARM? P.O. Box 697. YES NO NAME OF First Middle 4. DATE Month Dov Year OF DEATH LUTHER EDGAR WILLIAMS (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7 MARRIED 1 NEVER MARRIED 1 8 DATE OF BIRTH 9 AGE (In years last birthday) Manths 7/11/83 Days Hours MALE WHITE DIVORCED [ WIDOWED [7] yes. 12 CITIZEN OF WHAT COUNTRY? 10a USDAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) TIRE RECAPPING OWNER (RETIRED) GRAHAM. VIRGINIA U.S.A. 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEORGE M. D. WILLIAMS SARAH EPPERLY 17 INFORMANT Address WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. NO ur unknown) Mrs. Willie Myrtle Williams. PO. Box 697 NONE Sherman Texamiterval Between IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) **DUE TO** no selenosen Canditions, if any which gave rise to immediate **DUE TO** cause (a), sloting the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 1 20d ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part I or Port II of item 18.] (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour a.m. White Not while of work at work 21 | certify that (1) (this hospital) attended the deceased from. that (I) (we) last and that death accurred at M, fram the causes and an the date stated above sow the deceased alive an 22a SIGNATURE 22b, DATE SIGNED ATTENDING DIRECTOR --6× 22 PHYSICIAN'S 22d. ADDRESS BERNARD A. FITZGERALD 217 Unespete Blist E 23d LOCATION (City, town, or county) 23d BUR AL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (State) WEST HILL CEMETERY SHERMAN. TEXAS 256 REGISTRAR'S SIGNATURE 25g REC'D BY REGISTRAR STLVER SPRING, MD. Crimos S. Frank DATEAN 1 1 '61

TO HOSPITAL VR A1S (4) 1SM 9/59



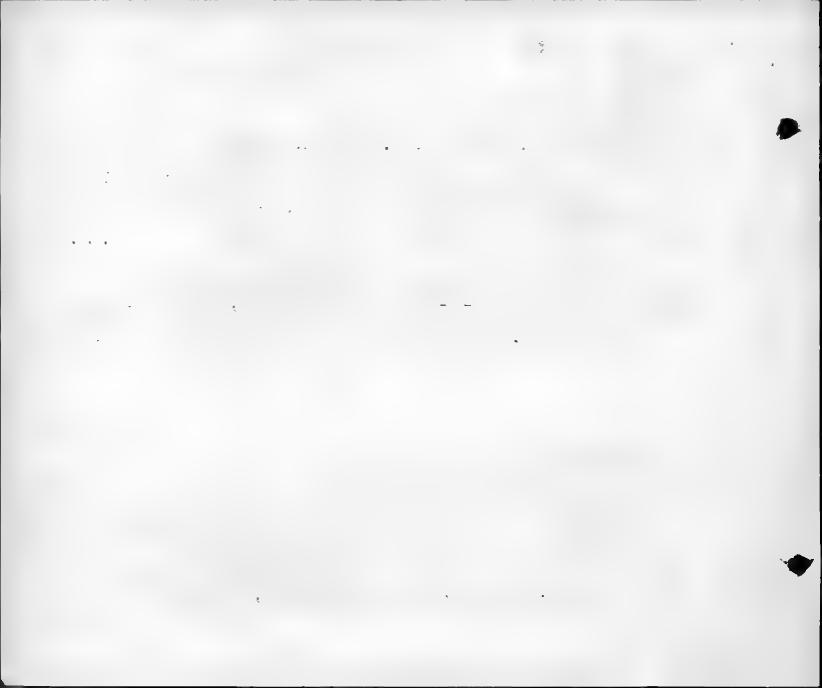
2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) ON A FARM? YES 🕱 NO E 1061 IF UNDER 1 YEAR IF UNDER 24 HRS Months 12 CITIZEN OF WHAT COUNTRY U.S.A. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record Address The Clinical Center, Bethesda 14, Maryland INTERVAL BETWEEN ONSET AND DEATH 1-2 weeks l vear PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES 🔼 NO (County) (Slate) "that I last saw the deceased and that death accurred at 9:05 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED

Certhur & France

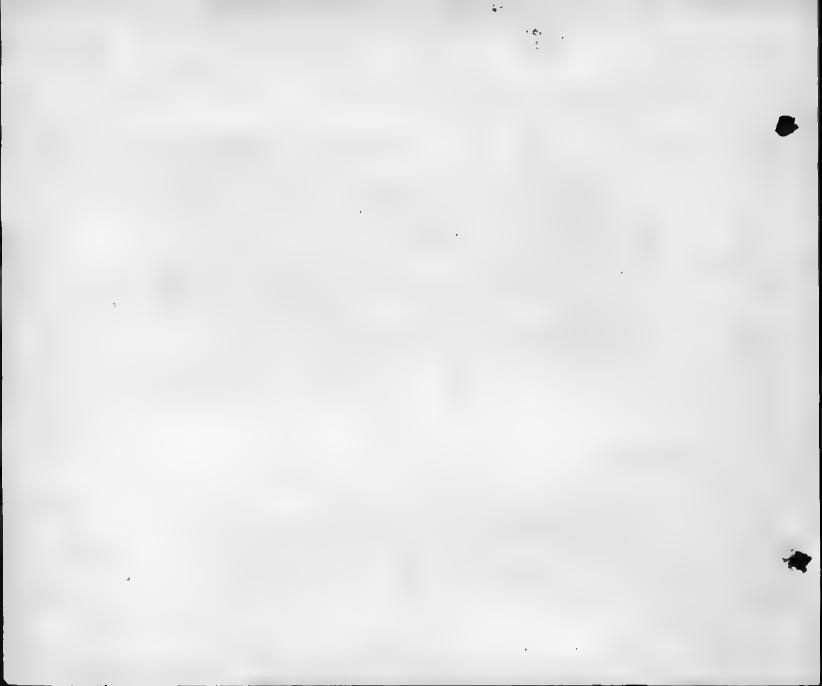
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS A15 (4)

15M 10/57



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) I director. Page or your files. COUNTY ontameru MARYLAND Vont gomeru b. CITY OR TOWN (if outside co-parete I mits, write RURAy and give (cares) town) Le. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) orna d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES TO NO 7 NAME OF Mdde Month DECEASED OF (Type or print) DEATH 0 8. DATE OF BIRTH 9. AGE (In years HE UNDER 1 YEAR! IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Davs WIDOWED 17 DIVORCED 100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stete or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if ret red) 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER N. U.S. ARMED FORCES? SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) andden DUE TO removal. Conditions, if any, which (b) "pending" gave rise to immediate cause Ю DUE TO 50 (e), stating the underlying Medical Examiner 6 cause lest. cremation, PART II. OTHER SIGN FICANT COND TONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101. 19. WAS AUTORSY PERFORMED? lease execute the certificate, writing the word should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to buriel, cremail. NO 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I of Item 18.) PRIMARY [] or CONTRIBUTING CAUSE OF DEATH. KEDICAL 20c, TIME OF INJURY 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f, (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While at work st work 21. I certify that I took charge of the remains described above, held an Autopsy ..... Inspection ... Inquiry x and in my opinion Surcide death resulted from: Natural causes | Accident Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 22b. 22d, LOGATION (City, town, or country) (Steta) <u>₹</u>40 24e. REC'D BY REGISTRAR | 24b. VS. AISME 5M 7/59



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PHYSICIAN: The law requires that the death

11. t. 1. 11. 12 24.0. 164 Me fil, Ecctivité 164 North, Keck ille, 166. Male Megre Lands of The copie of the telinise is 16.5: t. 2811/cmm U. 1.5 T El. En. Hutelinian le TE & Ha. Ha W no 164 He. + 11, 12 ect. E Dronche - ("Voumerica ا درار 1. to to to to to 16 - 11 - 12 restation Adem curcumisma 23. 35 (Line, to hicken MD. 108 Lev. 16, 61 C. 1-16-61.

(Line, to hicken MD. 202 Markin La., Rochelle, 11d.

TO HOSPITAL OF

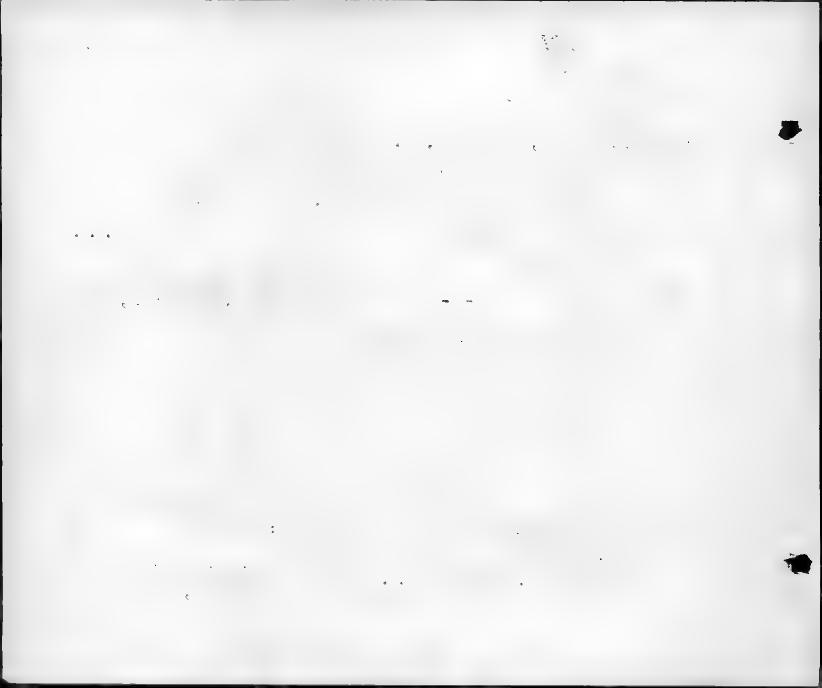
VR A15 (4) 1SM 9/59

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<u> </u>	300		
1	PLACE OF DEATH C. COUNTY Montgomery	MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE Maryland b. COUNTY
	CITY OR TOWN (If outside corporate limits, write RURAL and a va nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  Hyattsville  / ( _ * _ / _ / _ / _ / _ / _ / _ / _ / _ /
	NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION he Clinical Center, Beth		6103 Eastern Avenue . s residence On a Farm
1 1	NAME OF DECEASED (Type or print)  First  JOSEPH	(no middle mame	e) Witcoff January 29 Year 1965
	ale 6 COLOR OR RACE 7. MAR	Wies B Martin Martines D	8. DATE OF BIRTH  July 4, 1896  9. AGE (In years   IFUNDER 1 YEAR IF UNDER 24 Hours   Min   Months   Days   Hours   Min   Min
l _	usua. Occupation (Give kind of work done during most of working life even if retired)  aundrymat Owner	. KIND OF BUSINESS OR INDUS	Poland U.S.A.
13	FATHER'S NAME  Samuel Witcoff		14 MOTHER'S MAIDEN NAME Liebby Witcoff
15 (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16		he clinical Center, Bethesda lh, Maryland
	204.3 DUE TO	iration Pneumoni ute Myelogenous	
FICATION			NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOP PERFORMED YES NO
CERT	200 ACCIDENT WAS UNDERLYING [] 20b. DE OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	D (Enter nature of injury in Part I or Part II of Item 18)
MEDICAL	Haur o m. Whi	En al	ACE OF INJURY (Home, form, 20f (City or town) (Caunty) (Shotory, street, office bldg , etc.)
			January 25 1961 to January 29, 1961, that (I) (we) I death occurred oil 216 PMm the causes and on the date stated about
	220 S GNATURE Richard E. Ric	selbach.	M D ATTENDING MED DIRECTOR STAFF PHYS. 1/29/61
	Physician's NAME (Type) Richard E. Richard E	eselbach M.D.	The Clinical Center National Institutes Of Health Bethesda II, Maryland
3	BURIAL, CREMATION, 235 DATE THEREOF	ARL. NAT	TY CAM. HRL., VA.
24/	Heral DIRECTOR'S SIGNATURE	e 4-117-926	OLICA 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE CIVILIA & Track



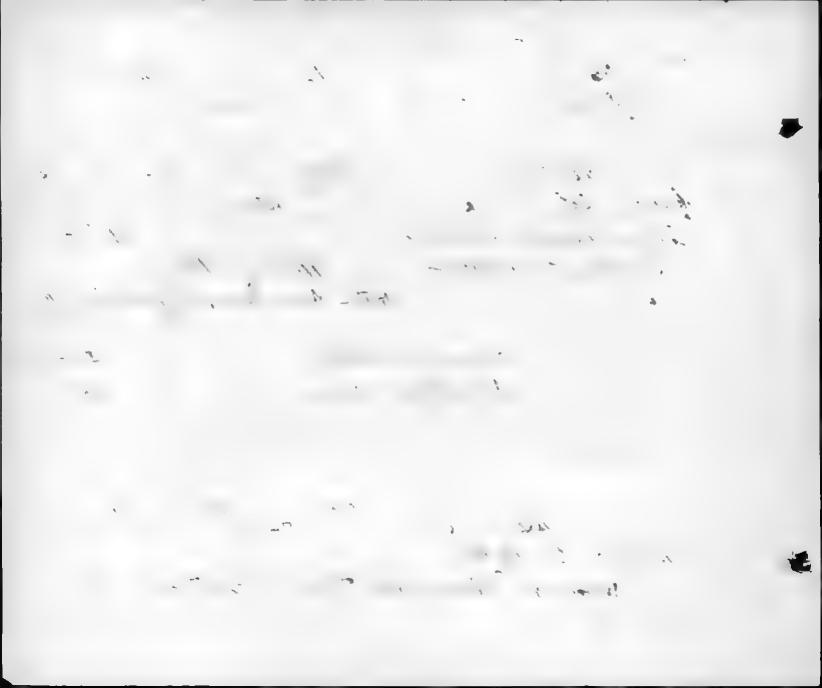
TO HOSPITAL &

VR A1S (4) 1SM II/59

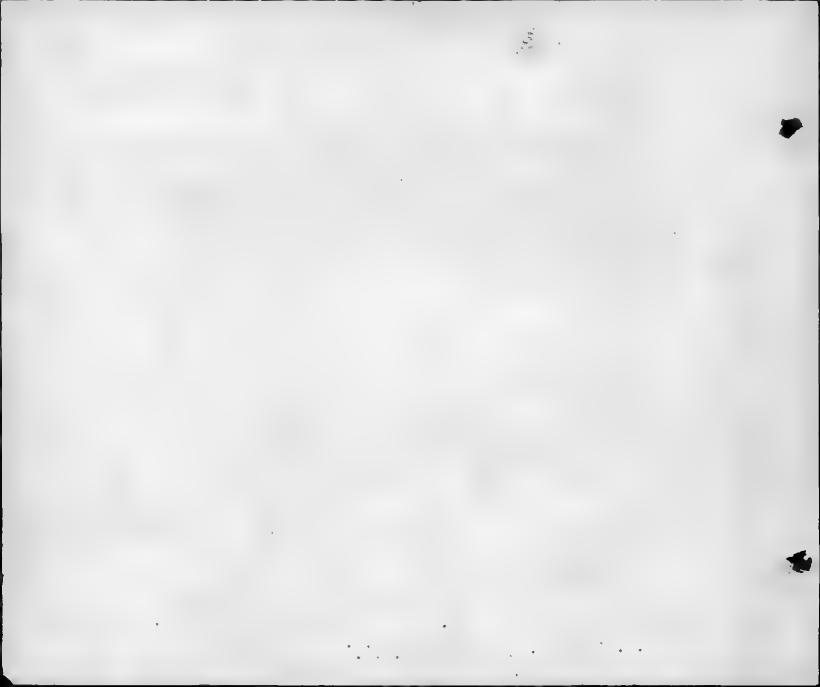
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 967 CERTIFICATE OF DEATH

66860

	1, 1	PLACE OF DEATH Montgomery	2 USUAL RESIDENCE (Where deceased lived It institution residence of STATE Maryland b COUNTY Hold	gornay					
		b. CITY OR TOWN III autside carporate limits, write c. LENGTH OF STAY IN 16 RURAL and granded towns to O.W.N.  Syears	G. CITY OR TOWNAIT outside corporate limits, write RURAL and god	nearest lower					
		d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Mrs. Green's Nursing Home	SPREET ADDRESS INTAL	e IS RESIDENCE ON A FARM? YES NO					
	1	NAME OF DECEASED (Type or print)  Middle  Middle	Gonna 4. DATE Month OF DEATH	Doy Year 2 196/					
)	5 5	6. COLOR OR RAGY 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. AGE(IV years lost birthdoy) 8 5 yrs.	EAR IF UNDER 24 HRS 1ya Hours Min.					
	1/0	SUSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI- during most of working life, even of retired)  August - Kelping at home	11. BIRTHPLACE (State or fareign country) 12 CTT.ZET	S A					
	13.	FATHER MAME	14. MOTHER'S MAIDEN NAME Harsen						
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17	Hattie Am Kims, R3, gaither	elung, Ma					
		IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		INTERVAL BETWEEN ONSET AND DEATH					
	Conditions, if ony, which (b) Cancer of mitestine								
		gove rise to immediate couse (a), stoting the under- lying couse lost  DUE TO  Multiple  (c)	Aclerosia,	years					
6	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	ut not related to the terminal disease condition G ven in part h	(o) 19. WAS AUTOPSY PERFORMED? YES NO					
')		200 ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURR OF CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED (Enter nature of injury in Part 1 or Part II of item 18.)						
	MEDICAL		PLACE OF INJURY (Hame, farm, foctory, street, office bldg., etc.)	enty) (State					
		21 I certify that (I) (this haspital) attended the deceased from saw the deceased glive and that	death accurred at ZA.M. from the causes and an the c	, that (I) (we) las					
ř.		Hulliam C, Meller	M.D. ATTENDING MED STAFF M.D. PHYS DIRECTOR PHYS.	226 DATE SIGNED					
		220 PHYSICIAN'S NAME (Type) WILLAM C. MILLER, M.L.	7 Brook are, gaitherstung,	Med.					
	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY REMOVAL (Specify)	OR CHEMATORY 23d USCATION (City town, or County)	(Stote)					
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS AND TO MANNEY	DATE JAN 9 '61 C - Lun 8 ;						



STREET, BALTIMORE 1, MARYLAND



VR A15 (4) 1SM 9/S9

	DEPARTMENT OF HEALTH AND RECORDS — BALTIMORE 1, MARYLAND ATE OF DEATH	02171
1. PLACE OF DEATH  O. COUNTY NONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside o. STATE b. COUNTY b. COUNTY	nce before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  BETHESDA  2 HRS.	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION UBURBAN HOSPITAL	d. STREET ADDRESS 11714 HATCHER PLACE	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) BABY GIRL	Lost 4. DATE Month OF DEATH /	29 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	B. DATE OF BIRTH  1-29-61  9. AGE (in years left birthday)  Months	Doys Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)  12. CIT  12. CIT	USA
13. FATHER'S NAME  JAMES MICHAEL ZAZANIS	14. MOTHER'S MAIDEN NAME TARY EVELYN PITTS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wer or object of service)	NFORMANY Address	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ruph Hembanes	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the under-	Rabor al 25 with	
Iying couse lost.   (c)   Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	ED. (Enter nature of injury in Port I or Port II of item 18.)	102 [] 100 []

20c, TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Doy. Year 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) Hour o. m.

While Not while of work p. m. 

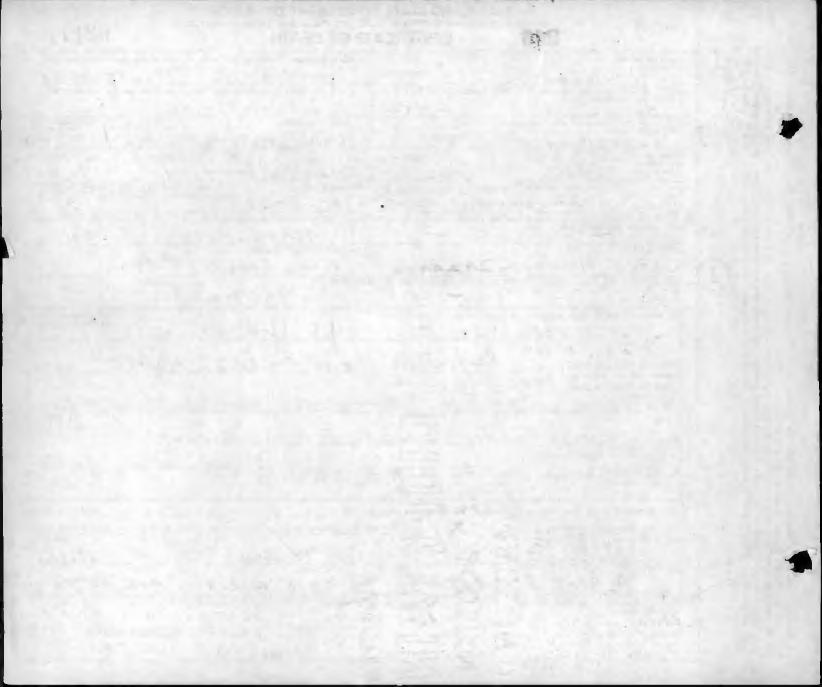
(State)

ond that death occurred ot\_ sow the deceased alive on ...M, from the causes and on the date stated above. 220. SIGNATURE 226 DATE SIGNED

ATTENDING PHYS. MED. DIRECTOR STAFF M.D 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type

BURIAL, CREMATION, 236, DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) RD, BETHESDA, MD REMOVAL (Specify) OLD GEORGETOWN SUBLIEBAN HOSPITAL 0

FUNERAL DIRECTOR'S, SIGNATURE GEORGETOWN RD 25b, REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR BURBAN 5 arthur S. Krouse ADMINISISTRATORS BETHESDA DATE FOR 1 0 '61



VR A1S (4) 15M 9/59

MARYLAND	STATE	DEP	ARTMEN	T OF	HEALT	Ή
N OF STATISTICAL	RESEARCH	AND	RECORDS -	BALTIN	ORE 1. M	AR

970 YLAND CERTIFICATE OF DEATH

	970	CERTIFI	CATE	OF DEATH	H		0.0	962
1. PLACE OF DEATH O. COUNTY Mon	taomen	MARYU		SUAL RESIDENCE (N. STATE	Where deceased I	ived. If institution b. COUNTY	: Residence befor	a admission)
b. CITY OR TOWN (If oursid RURAL and give nearest to	e comporate limits, who swn Bethisd	10 c. LENGTH OF STAY IN	the c	CITY OR TOWN (I	fourside corporo	te limits, write RUI	RAL and give nea	rest town)
d. NAME OF HOSPITAL (IF A	· 11 Mas	not Sanitari	-	515 Dow	thorne	Fl. 9.2	t.	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	akolm	Joseph	Zi	hme+mai	4. DATE OF DEATH	Month /	7	196/
s. sex 6. cc	0.1	ARRIED NEVER MARRIED	7 0	ct. 17, 1	884	1 4 1 4 1 4	Months Doys	Hours Min.
100. USUAL OCCUPATION (Giverning life during most of working life	t, evan if retired)	Ob. KIND OF BUSINESS OR		Thest o	irgini	ntry)	12. CITIZEN OF	L. a.
13. FATHER'S NAME Mic	hael P.	Zimmerme	an	Rebecca				1
1S. WAS DECEASED EVER/IN U. (Yas, no. or unknown) (If yes, g	. S. ARMED FORCES? ive war or dates of service)	16. SOCIAL SECURITY NO.	Mr. a	2 3.	mmesme		"55152 Dash.	16 g D.
PART I. DEATH WA		er line for (a), (b), and (c)	10-	Vasce	ular	acci a	Leurons	RVAL BETWEEN ET AND DEATH
Conditions, if ony, wh	DUE TO	Certh	orz	pocle	roh	cheo	tas	ease fe
gave rise to immedi couse (a), stating the <u>un-</u> lying couse last.	iale Due To							/
CATIC	NIFICANT CONDITIO	NS CONTRIBUTING TO DEAT	TH BUT NOT	RELATED TO THE TER	MINAL DISEASE	CONDITION GIVE	N IN PART 1(0)	9. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UND OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC	USE OF DEATH	DESCRIBE HOW INJURY OC	CURRED. (Ent	ter nature of injury i	in Part I or Part I	I of item 1B.)		
20c. TIME OF INJURY Mo Hour o. m. p. m.	W	od. INJURY OCCURRED 7 hile Not while work of work		F INJURY (Home, fo street, office bldg.,		or town)	(County)	(Stole
21 I certify that (I) (	1011	ended the deceased f	/	occurred of 3	4RA 66/1	he causes and		ot (I) (we) los
220. SIGNATURE	Nu	ducity			MED.	STAFF PHYS.	1/	7/6/ SIGNE
22c. PHYSICIAN'S NAME (Type) AN	DREW E	RUDNA	-1	VI20	head	(dott	lux B	Lod la
236. BURIAL, CREMATION, 23 (REMOVAL-(Specify)	b. DATE THEREOF	23c. MAME OF CEMET	TERY OR CRE	MATORY	23d. LOCATIO	ON (City, town, or	ring, 8	(Stole) De
24. FUNERAL DIRECTOR'S SIGN	JATURE ) Naid	1 Laguest	man	DATE DATE	EC'D BY REGISTR		IRAR'S BIGNATUI	

